

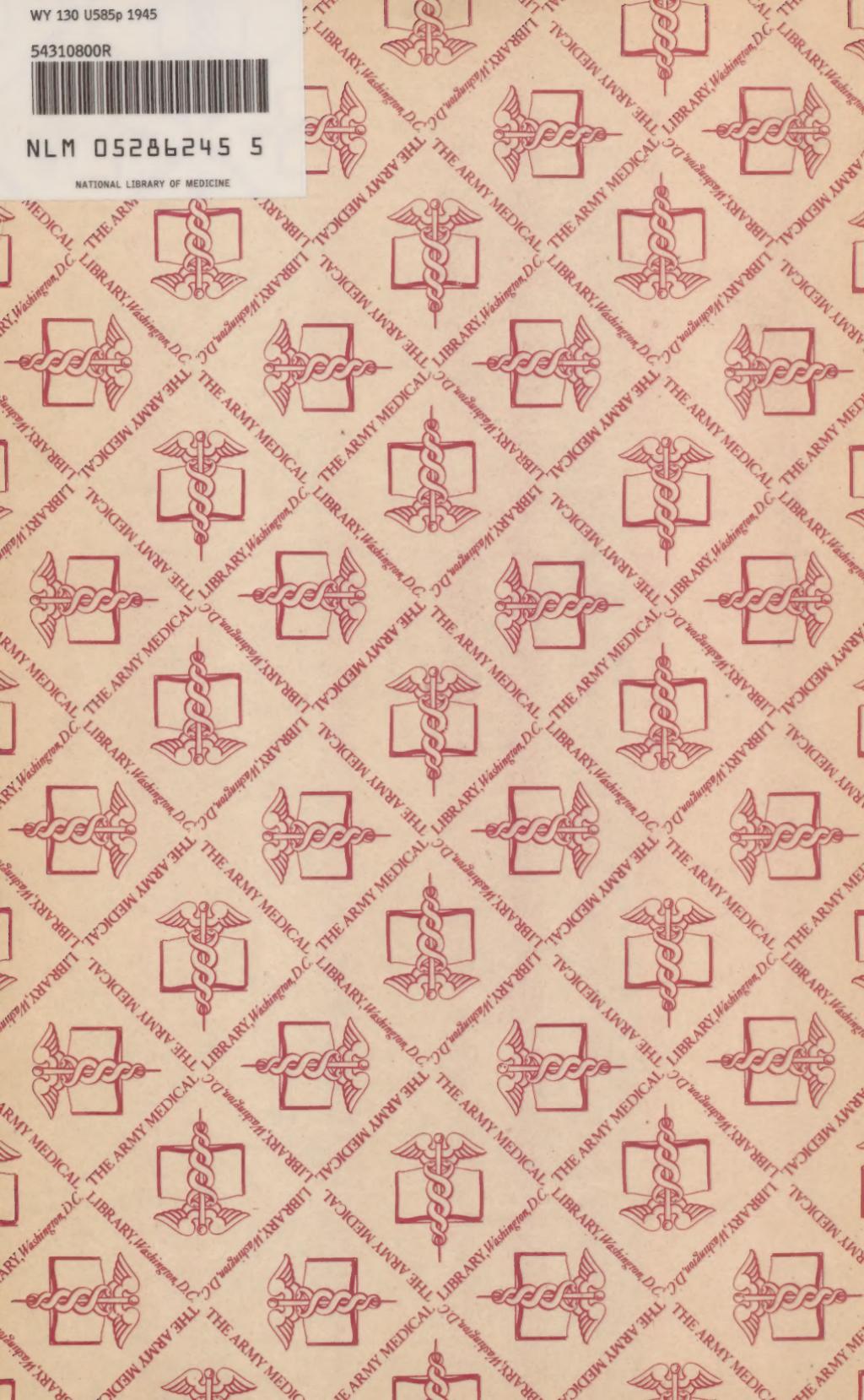
WY
130
U585 P
1945

54310800R



NLM 05286245 5

NATIONAL LIBRARY OF MEDICINE



DUE TWO WEEKS FROM LAST DATE

SEP 13 1951

GPO 881473

PROCUREMENT OF NURSES

HEARINGS

U. S. Congress, House,

BEFORE THE

COMMITTEE ON MILITARY AFFAIRS HOUSE OF REPRESENTATIVES

SEVENTY-NINTH CONGRESS

FIRST SESSION

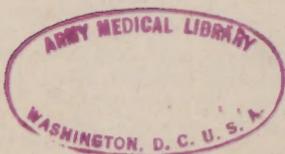
ON

H. R. 1284

AN ACT TO INSURE ADEQUATE MEDICAL CARE
FOR THE ARMED FORCES

JANUARY 19, FEBRUARY 6, 7, 8, 9, 13, AND 14, 1945

Printed for the use of the Committee on Military Affairs



UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON : 1945

WY

130

4585p

1945

C.1

COMMITTEE ON MILITARY AFFAIRS

SEVENTY-NINTH CONGRESS

ANDREW J. MAY, Kentucky, *Chairman*

R. EWING THOMASON, Texas
OVERTON BROOKS, Louisiana
JOHN J. SPARKMAN, Alabama
PAUL J. KILDAY, Texas
CARL T. DURHAM, North Carolina
CLIFFORD DAVIS, Tennessee
JOHN EDWARD SHERIDAN, Pennsylvania
ROBERT L. F. SIKES, Florida
PHILIP J. PHILBIN, Massachusetts
PAUL STEWART, Oklahoma
ARTHUR WINSTEAD, Mississippi
CHET HOLIFIELD, California
JAMES A. ROE, New York
MELVIN PRICE, Illinois

WALTER G. ANDREWS, New York
DEWEY SHORT, Missouri
LESLIE C. ARENDS, Illinois
CHARLES E. CLASON, Massachusetts
J. PARRELL THOMAS, New Jersey
PAUL W. SHAFER, Michigan
THOMAS E. MARTIN, Iowa
CHARLES H. ELSTON, Ohio
FOREST A. HARNESS, Indiana
IVOR D. FENTON, Pennsylvania
J. LEROY JOHNSON, California
CLARE BOOTHE LUCE, Connecticut
JOSEPH R. FARRINGTON, Hawaii
EDWARD L. BARTLETT, Alaska
JESÚS T. PIÑERO, Puerto Rico

JULIA WATTERSON, *Clerk*

II



610-58

TABLE OF CONTENTS

	Page
Copy of H. R. 1284-----	1
Statement of—	
Maj. Gen. Norman T. Kirk, the Surgeon General of the Army-----	2-26
Maj. Gen. George F. Lull, Deputy Surgeon General of the Army-----	27-42
Copy of H. R. 1284 and H. R. 1668-----	43-49
Statement of—	
Dr. Thomas Parran, Surgeon General, Public Health Service-----	49-78
Rear Admiral W. J. C. Agnew, Acting Chief of Bureau of Medicine and Surgery, United States Navy (accompanied by Capt. Sue Dauser, director, Navy Nurse Corps)-----	79-92
Dr. Donald C. Smelzer, president, American Hospital Association-----	92-103
Dr. Harvey B. Stone, vice chairman, Directing Board, Procurement and Assignment Service, War Manpower Commission-----	103-111
Telegram to the Honorable Melvin Price, Member of Congress-----	112
Statement of—	
Miss Virginia Dunbar, Red Cross Nursing Service-----	113-126
Dr. Paul Barton, executive officer, Procurement and Assignment Service, War Manpower Commission-----	126-142
Col. George E. Ijams, Assistant Administrator in Charge of Medical and Domiciliary Care, etc., Veterans' Administration (accompanied by Dr. Charles M. Griffith and Mr. Birdsell)-----	143-170
Miss Katharine J. Densford, president, American Nurses Association-----	170- 195
Miss Anna Wolfe, secretary, National League of Nursing Education-----	195- 205
Mrs. Mabel K. Staupers, executive secretary, National Association of Colored Graduate Nurses-----	206-210
Sister Olivia Gowan, National Nursing League Organization-----	210-213
Mrs. Alexander Stewart, national cochairman, Women's Committee to Oppose Conscription-----	213-221
Miss Elizabeth A. Smart, National Women's Christian Temperance Union-----	221-225
Mrs. Stella Goostray, chairman, National Nursing Council for War Services-----	225-228
Statement filed by the National Organization for Public Health Nursing-----	228
Statement of—	
Hon. Stephen Pace, Member of Congress from Georgia-----	229-231
Hon. Robert P. Patterson, Under Secretary of War-----	231-224
Letter from the Secretary of War-----	244-245
Statement of—	
Gen. Frank T. Hines, Administrator of Veterans' Affairs-----	245-255
Mrs. Agnes Waters-----	257-262
Mrs. Thomisina Johnson, legislative representative, National Non- partisan Council on Public Affairs-----	262-268
Mrs. Aliene B. Ewell, representing Chi Eta Phi Sorority-----	268-269
Hon. Edith Nourse Rogers, Member of Congress from Massachusetts-----	269-279
Hon. Walter H. Judd, Member of Congress from Minnesota-----	279-286
Hon. Frances P. Bolton, Member of Congress from Ohio-----	286-295
Maj. Edna B. Groppe, Nursing Branch, Military Personnel Division, Office of the Surgeon General-----	295-305
Letters to the Hon. Edith Nourse Rogers-----	305-306
Letter to the Hon. A. J. May, chairman-----	306-307
Letter to Hon. Overton Brooks-----	307
Letters to Hon. Paul H. Maloney-----	307-309
Letter to Hon. Wat Arnold and reply-----	309-310
Letter to Hon. Aime J. Forand-----	310-311
Resolution of executive board of the Rhode Island Industrial Nurses Club-----	311

PROCUREMENT OF NURSES

FRIDAY, JANUARY 19, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The Committee on Military Affairs met, pursuant to notice, at 10 a.m., Hon. Andrew J. May (chairman) presiding.

Present: Representatives Thomason, Sparkman, Kilday, Durham, Sheridan, Philbin, Stewart, Winstead, Roe, Andrews, Arends, Clason, Martin, Harness, and Johnson of California.

The CHAIRMAN. The committee will please be in order.

Gentlemen, the committee is taking up for brief hearings this morning H. R. 1284, a bill to insure adequate medical care for the armed forces, commonly known as the nurses bill.

(The bill is as follows:)

[H. R. 1284, 79th Cong., 1st sess.]

A BILL To insure adequate medical care for the armed forces

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Congress hereby declares that to provide adequate medical care for the armed forces of the United States it is imperative to secure immediately the services of additional trained and skilled women nurses.

SEC. 2. Every woman residing in the United States who, on or after the effective date of this Act, shall have reached the eighteenth anniversary of her birth but shall not have passed the forty-fifth anniversary of her birth and who shall have been or shall become registered for and admitted to the practice of nursing by any State, Territory, or possession of the United States or by the District of Columbia is hereby made subject to registration and selection for and induction into the land and naval forces of the United States under the Selective Training and Service Act of 1940, as amended. Such registration, selection, and induction shall proceed in accordance with the same procedures and be subject to the same exemptions, rights, and obligations provided for male registrants by said Act and regulations thereunder.

SEC. 3. Any such registrant inducted into the land or naval forces shall be assigned only to medical duty in which her professional skills and training will be used in accordance with military requirements.

SEC. 4. The President is hereby authorized and directed to prescribe such regulations as may be necessary to carry out the provisions of this Act.

SEC. 5. This Act shall not affect the voluntary recruitment of qualified women for the Army or Navy Nurse Corps or the appointment of members of such corps as officers in the Army or Navy as now provided by law.

The CHAIRMAN. I am told by Maj. Gen. Norman T. Kirk, Surgeon General of the Army, that he must be leaving town soon, and in order to accommodate him and another of his officers, I have agreed to take up this bill this morning for the purpose of hearing these two wit-

nesses. After the hearing this morning, the matter will be passed until a later date and until we dispose of the other pending legislation.

In the meantime, I have agreed to hear several witnesses on the measure after we are through with these two officers. Now, I want it understood that we would like to hear everybody who is interested in the matter, but anyone who has common knowledge, and we all have that, knows that it is impossible for this committee to hear everybody who wants to be heard or who asks to be heard. If we did that, we would never get any legislation to the floor of the House.

General Kirk, will you come around, please, sir, and tell us what you have to say, making whatever statement you wish to make in regard to bill H. R. 1284, to provide adequate medical care for the armed forces?

STATEMENT OF MAJ. GEN. NORMAN T. KIRK, SURGEON GENERAL OF THE ARMY

General Kirk. Mr. Chairman and members of the House Military Affairs Committee, for the record, my name is Maj. Gen. Norman T. Kirk, United States Army. I am Surgeon General of the Army.

In that capacity I am responsible for providing adequate medical and nursing care for the personnel of the United States Army. My action in favoring the application of selective-service principles to the procurement of nurses at this time is based upon but few and simple facts. We are now receiving in our Army hospitals in this country, from foreign theaters, between thirty and thirty-two thousand patients each month, as compared with 8,500 patients monthly for the first half of 1944. This represents an increase of 270 percent.

Approximately 15,000 patients leave hospitals each month, either to return to duty or to be separated from the service.

Now, this applies just to our general hospital chain that has to do with overseas patients. The patient load is being increased in hospitals and doubles the number of those released. Since May our nursing personnel has increased only 2,000, but our patients requiring nursing care have increased from 260,000 to 450,000. The increasing number of battle casualties, added to those requiring hospitalization because of sickness and disease, has greatly enlarged the demand for nurses.

It is to meet this demand that I am now in favor of the application of selective service to fill immediately the shortage in the supply of nurses.

The American soldiers are entitled to, and are receiving, and will receive, the best medical care that we are capable of giving.

Adequate nursing is one of the most important of all factors in the proper care and recovery of the sick in the Army, and of those who have been wounded in battle.

The importance of nursing, in making sick and injured men well, cannot be overestimated. The Army nurse is doing one of the truly great jobs in this war. With supreme loyalty and a high devotion to duty, some 42,000 American women are now in the Army Nurse Corps, as a result of voluntary service.

Many others have volunteered, but have been unable to meet physical or other requirements necessary for those who are to engage in this skilled, strenuous and mobile military duty.

In my opinion, the Army must have an approximate total of 60,000 nurses at this time in order to furnish presently needed nursing service to our soldiers. At the present time, the Army hospitals in this country are understaffed with nurses because of the large number of nurses used to fill the minimum overseas requirements. Over 60 percent of all Army nurses are now assigned to overseas units.

The requirement of 60,000 nurses is based upon a minimum of 1 nurse to 12 beds in overseas operations, and 1 nurse to 15 beds in the zone of the interior, which is necessary to provide minimum adequate nursing care.

Actually, in the zone of the interior, there is only 1 nurse to 25 beds, in general hospitals, and additional nurses are needed in overseas duty to assure the 1 to 12 ratio. Many nurses have served in foreign theaters for a long period of time and should have a period of rest from their strenuous service. Practically speaking, it may be fairly stated that all hospital beds are filled.

With an immediate minimum need for 60,000 nurses in the Army, the question arises as to how to obtain them. It is my opinion that this number can be secured only through extending selective-service legislation to include nurses. One significant advantage of such legislation would be the registration of all qualified nurses in this country, so that there would be a complete record of the number of nurses, of the places where they are employed, and their possible availability for service in the armed forces.

At the present time, there is no accurate source of information of many factors needed in respect to the nurse population in this country. Registration of nurses will provide information which has not been available, and which is necessary for a proper distribution of the limited supply of nurses between the armed forces and civilian use.

Selection of nurses through induction should assure an equalization, throughout the country, in the drain upon nursing population. Furthermore, that will make the way free and clear to many women who are qualified nurses, but who have hesitated to volunteer because of the conflicting needs at home and in the armed forces.

I am in accord with the provision, in the proposed legislation, permitting the continuance of selection of nurses upon a voluntary basis. It is possible that with the enactment of this bill, and the registration of nurses, a large proportion of those needed may be obtained upon a voluntary basis.

Without such a law, it is believed there will be a real difficulty, if not impossibility, in filling the nursing needs for the armed forces.

The experiences of the past year afford a clear indication that something more than purely voluntary methods is required. On the 28th of April 1944, there were 40,000 nurses in the Army Nurse Corps. At that time, a program was commenced by the Army to secure an additional 10,000 nurses by the end of the year. Notwithstanding the fact that there were many nurses in this country qualified for Army service, and that between April and the end of the year, there were 27,000 new nurses graduated from nursing schools, the Army's net increase was only slightly over 2,000 nurses. That is from April to December.

Mr. SPARKMAN. Is that figure 24,000?

General KIRK. Twenty-seven thousand.

Mr. SPARKMAN. And the Army's increase was 2,000?

General KIRK. Two thousand net.

Today, with a minimum requirement of 60,000, which does not take into account the need of the Navy, it is believed impossible to reach this number without aid of Selective Service and to reach it in time. If the additional number of approximately 18,000 nurses for the Army are to be obtained, it seems clear that selective service for nurses is required.

Under the contemplated plans, if selective service is extended to nurses, every opportunity now received by those entering upon a voluntary basis will be given to inducted nurses. It is contemplated that under existing laws a commission of second lieutenant in the Army of the United States will be tendered to the inductee at the time of induction so that the Army nurse will enter upon her duties as a commissioned officer. It is intended to induct, through selective service, only those nurses qualified for such service. If the proposed legislation is enacted, procedure for induction, commission, assignment, and use of nurses can be worked out by War Department regulations through selective service, through appropriate legislation.

In conclusion, I wish to summarize my comments by stating simply that there is a definite need for more nurses, and some sure means, which is fair both to the nurses and the armed forces, as well as to the public, is necessary to obtain them.

This has already been a long and a hard war. No one has any expectation of obtaining an easy victory. There is hardly an American family that does not have a son, or an immediate relative, in the armed forces, who may some day require medical and nursing care by the Army.

It takes good nursing to bring about the recovery of sick men, and those who are injured in battle. This country has an obligation to see that its sick and wounded soldiers are provided with the best care that can be given for their comfort and recovery. I cannot emphasize too strongly that a principal requirement to meet this objective is adequate nursing, and this means a materially enlarged membership in the Army Nurse Corps. It is because of this need that I have taken the position expressed above in support of a legislation enlarging the scope of selective service to include nurses.

This concludes my statement, but I would like to add further, that while the objective of the legislation is in accord with the program of the President, the War Department has not been advised by the Bureau of the Budget as to whether the specific provisions of the bill under discussion are in accord with the program of the President. So my remarks contain no comment in that regard, with respect to any particular bill.

With the committee's permission, I am asking Maj. George T. Lull, Deputy Surgeon General, to present more detailed evidence and explain a number of charts and pertinent data upon the subject of nursing needs of the Army, for the information of the committee.

Thank you.

The CHAIRMAN. General, as I understand the pending bill, it merely brings nurses within the provisions of the existing Selective Training and Service Act, and makes them subject to induction just like the men are now.

General KIRK. Yes, sir.

The CHAIRMAN. I believe it applies to only registered nurses; is that true or not?

General KIRK. That is correct, sir; registered female nurses.

The CHAIRMAN. Registered nurses are those who have been registered by the various States, the District of Columbia, and other political subdivisions that have that power; also those who have been registered through the Red Cross by the Army.

General KIRK. They are registered in each State. Each nurse has to pass an examination to become registered.

The CHAIRMAN. Do you know how many nurses are registered in the entire country?

General KIRK. I am told there are around 260 or 270 thousand.

The CHAIRMAN. I was interested in your statement that as of the 28th of last April, 40,000 nurses were in the service, in the armed forces, I believe you said.

General KIRK. Correct, sir.

The CHAIRMAN. And at that time 27,000 graduate nurses were in the country, of which you have only had inductions of 2,000 out of the 27,000 up to now.

General KIRK. There were 27,000 who graduated, brand new nurses from nursing schools, in June of last year, or between the period of April and December; yet the total who volunteered for the Army was 2,000 net.

The CHAIRMAN. Well, there are 27,000 new nurses?

General KIRK. That is right; 27,000 new nurses who graduated last year from nurses' training school.

The CHAIRMAN. Out of that group, you obtained only 2,000?

General KIRK. Out of all groups, including that group, we obtained 2,000 net. That is, out of the 260,000, plus the 27,000 who graduated last June, we had a net gain of 2,000. We have a monthly loss of around 300 nurses; 250 to 300 nurses are discharged each month, and we have to make up that deficit each month, too, as we recruit nurses.

The CHAIRMAN. Now, as I understand your statement, all nurses who are graduate nurses, those who can meet the requirements, physical, mental, and educational, who apply for induction under this bill, will be commissioned, immediately after they have been processed, as second lieutenants?

General KIRK. Yes, sir.

The CHAIRMAN. Mr. Sparkman, do you have any questions?

Mr. SPARKMAN. General, one thing that I have been concerned about, which I do not suppose you care to discuss, has been the constitutionality of a provision that takes just one segment of our people. Have you been advised as to that?

General KIRK. No, sir; I cannot answer that. I am afraid you will have to ask a lawyer. I am just a doctor. I am sorry.

Mr. SPARKMAN. Now, does the Army make use of male nurses?

General KIRK. Yes, sir. It all depends on what you mean by male nurses. We have in the Army some 550,000 enlisted men who are trained as technicians in various degrees and fields.

Mr. SPARKMAN. Medical Corps men, are they not?

General KIRK. They act as male nursemen in wards; do duties in hospitals and in the field.

Mr. SPARKMAN. When I asked about using men nurses, do some States not register men nurses?

General KIRK. That is correct.

Mr. SPARKMAN. It is that type of nurse of which I am speaking. I know I have had some letters from them from time to time asking that they be used and commissioned likewise. Does the Army use them in that connection?

General KIRK. Not as commissioned officers. May I explain a little on that, sir?

Mr. SPARKMAN. Yes; please do.

General KIRK. Those who have been inducted into service have been assigned mainly to the Medical Department to be used as other enlisted men in the Medical Department.

Mr. SPARKMAN. They are doing medical work?

General KIRK. Yes; they have had an opportunity to attend Officers' Training School. We have commissioned more than 13,000 medical administrative corpsmen in that school. They have the same opportunity as any other enlisted men, to attend that Officers' Training School, to qualify for service as an auxiliary medical officer.

Mr. SPARKMAN. This suggestion has been made to me. I do not know what the effect of it would be, but I would be glad to have your comment. It has been suggested that one reason that the nurses of the country do not come into the service willingly and freely, is due to the fact that there is no permanent nursing work to which they may look for a career after the war is over. Do you think the establishment of the Nursing Corps on a permanent basis would have a helpful effect?

General KIRK. It might. I am afraid that will have to wait, though, as other permanent legislation will, for the post-war Army, and I think we will find that the needs of that peacetime Army will be greatly less than the needs of the wartime Army. I do not think we can determine the size of the Nurse Corps today until we know what the size of the Army is going to be.

Mr. SPARKMAN. You do use WAC's as nurses' aides, do you not?

General KIRK. Yes.

Mr. SPARKMAN. In fact, I think I have seen press notices in the last few days urging greater enlistments in the WAC's to serve as nurses' aides.

General KIRK. That is right.

Mr. SPARKMAN. Are those people, who are being used in that capacity, given the opportunity to advance in training with an objective, ultimately, of becoming registered nurses?

General KIRK. No, they cannot. But they will become practical nurses. A nurse, to become a registered nurse, under the laws of the States on nursing, has to attend a certain type of schooling, other than training on the job.

Mr. SPARKMAN. Well, the schooling, though, is a relatively small part of the whole, is it not?

General KIRK. It is quite a large part, sir.

Mr. SPARKMAN. You said you had net increase of 2,000 nurses during that period of time?

General KIRK. Yes, sir.

Mr. SPARKMAN. Do you know what the experience in the Navy was?

General KIRK. I do not. It was not too good, from what I am told.

Mr. SPARKMAN. Is the Navy lagging, too?

General KIRK. I am told they are.

Mr. SPARKMAN. That is all.

The CHAIRMAN. Mr. Andrews, do you have any questions?

Mr. ANDREWS. General Kirk, I am not very well informed in the field, generally, but I have been reading recently about the activities, scope, size of the so-called nurses' aide organization, somewhat under the Red Cross, I believe.

General KIRK. Yes, sir.

Mr. ANDREWS. Could you give me the correct name of that organization?

General KIRK. Red Cross Nurses' Aides, who have been trained as part of the work of the Red Cross to train nurses' aides, both for voluntary and for paid service, for civilian hospitals as well as Army hospitals.

Mr. ANDREWS. I imagine that at present that is a pretty big organization.

General KIRK. There have been a great many women trained, sir.

Mr. ANDREWS. I know something about it as a member of the board of a general hospital, and I am told that a good many of those nurses are not graduate nurses, yet they are really expert nurses, and that it is a field that you might consider utilizing. I understand they are shut off to a certain extent from overseas service at the present time, due to the strict requirements which the Medical Corps imposes, is that correct?

General KIRK. We have need for all those that we can get, at home, sir, without sending them overseas. We feel we should send overseas the trained nurses, the best we have, until we cannot meet those requirements over there. If we have to get along without nurses, we will get along without them here in the interior, rather than overseas.

Mr. ANDREWS. Do you feel that if this bill works as expected to, that the field of the nurses' aide will be that of replacing graduate nurses in these hospitals?

General KIRK. Assist a graduate nurse in these hospitals? May I show you how far 1 nurse to 15 beds in a hospital goes? We had prepared, for each of you, a folder to show that. There are 67 nurses to take care of 1,000 patients. Now, there is the distribution that would ordinarily be made. It shows the number of nurses, and 2 day supervisors and 1 night.

Mr. ANDREWS. This is for American hospitals?

General KIRK. That is right. There is the number set out for operating, 2 for clinics, 8 nurses for night duty, and they will have to supervise 125 beds each at night. In the daytime the 47 wards they have to cover will allow 1 nurse to every 23 beds. Now, if you have that many sick people in bed, sir, they have got to have some kind of aid. That nurse cannot do it. That is what we are asking for, just 1 nurse to 15 beds at home—I do not know how we can make that smaller, sir—and 1 to 12 overseas. We need those nurses' aides and WAC's to assist these nurses.

Mr. ANDREWS. Have you any idea how large the enrollment of nurses' aides under the Red Cross is?

General KIRK. I could not answer that. I do not know how many voluntary aides we have in our hospitals. We have quite a few paid aides whom they have educated for us, which we hire.

Mr. ANDREWS. I understand the head of this organization is Mrs. Walter Lippmann.

General KIRK. Yes, sir. She has done a splendid job, and they have been training aides at our request for us since last April to meet this emergency.

Mr. ANDREWS. I know you are in touch with the Hospital Association of the United States, which includes superintendents and active heads; is that right?

General KIRK. That is correct.

Mr. ANDREWS. The professional medical boards, made up of heads of the various boards of general hospitals?

General KIRK. Yes, sir.

Mr. ANDREWS. Have these so-called heads been consulted on these figures or have they expressed any opinion as to your figures?

General KIRK. As to whether there are sufficient nurses or too many?

Mr. ANDREWS. Yes, sir.

General KIRK. No, sir.

Mr. ANDREWS. I suppose there might be some slight controversy or objection to those figures on their part?

General KIRK. I do not think they could say there are too many nurses.

Mr. ANDREWS. You do not think they could?

General KIRK. Yes, sir. I am sure of that.

Mr. ANDREWS. May I ask the Chairman if Mrs. Lippmann is here?

The CHAIRMAN. Is Mrs. Lippmann in the room?

(No response.)

The CHAIRMAN. Apparently not.

Mr. ANDREWS. That is all.

The CHAIRMAN. General Kirk, I omitted one thing that I want to ask you before I forget it. I had a complaint the other day that the Army would not accept nurses, even though they were graduate nurses, if they had had experience only in hospitals with 50 beds or less. Will you explain what this situation is?

General KIRK. Yes, sir. That is correct. Unless a nurse is trained in a hospital containing more than 50 beds, she cannot be qualified.

The CHAIRMAN. What is the reason for that?

General KIRK. We do not believe they can be properly trained in a hospital smaller than that to meet the standards for the Nurse Corps.

That is one reason. Now, two, if that nurse has had graduate training and has been in a hospital larger than a 50-bed hospital, with experience there, she is acceptable.

The CHAIRMAN. Supposing she could pass your examinations and all your requirements, and had also been in a hospital with 10 beds for 10 years, or more?

General KIRK. We are told, sir, by those experienced in nursing education, that proper training cannot be given a nurse in a hospital of that size. There are not enough different types of cases there for her to get experience.

The CHAIRMAN. Putting it this way, General Kirk, suppose that she has been nursing in a hospital of less than 50 beds, and that she can

pass all the requirements and tests that you require on admitting one from a school or a college?

General KIRK. Well, I think our requirements of training of nurses are as low as we can make them, and still be sure that the nurse had proper training. We do not give her a mental examination. We know nothing at all about her ability as a nurse, except her record. It comes back to the same thing, sir, as to doctors. Whether or not they graduate from a school which is recognized as a proper school to give training, is our basis of determining whether or not the doctor gets the proper training. Whether he absorbs it or not is something else. It is a matter of standards as to whether or not we want to reduce the quality of nursing care. And we have accepted this as part of our standards at the recommendation of a general nursing group of America.

The CHAIRMAN. Have you any idea how many nurses that might be available as nurses' aides in hospitals throughout the country had experience with less than 50 beds?

General KIRK. I have not, sir.

The CHAIRMAN. Well, could you use those nurses as aides along with the WAC's that you take in who have not had any experience at all?

General KIRK. Yes, sir, very well. We would be very glad to have them as nurses' aides if they do not meet the requirements of nurses.

The CHAIRMAN. Suppose you got one as a nurses' aide and she developed qualities and qualifications that convinced the Army she was capable of being a nurse, would you then commission her as a second lieutenant?

General KIRK. It depends upon what her training was, sir, if she delivered the goods and was properly trained, she would be. But I do not believe that a general statement that that woman or any WAC or Red Cross Nurses' Aide, even if she was a good assistant to a trained nurse, would be commissioned as a second lieutenant in a Nurse Corps.

Mr. SHERIDAN. Have you commissioned one at all yet, under the conditions the chairman has just given you?

General KIRK. None, other than those who meet the requirements we have set up for a commission as a nurse in the Army Nurse Corps. I have those stated here, and they will be distributed to each of you.

The CHAIRMAN. That will be all right, then.

General KIRK. What those minimum requirements we have are.

Mr. SPARKMAN. May I ask another question, Mr. Chairman?

The CHAIRMAN. Go ahead, sir.

Mr. SPARKMAN. Right along in that connection, do some of the States register their nurses with less than the minimum requirements of the Army?

General KIRK. I will ask some of my help here. I am told they do.

Mr. SPARKMAN. If the State registers a nurse, and she becomes a full-fledged nurse under the registration of that State, even though her training may have been in a hospital of less than 50 beds, or even 40 beds, then if she has had experience of nursing in a large hospital, perhaps several hundred beds, for a period of 10 years, under your requirements, she would still be ineligible?

General KIRK. No, sir; we accept her. If she graduated from a subnormal school and had even 9 months to a year training or work in a large hospital, we would take her.

Mr. SPARKMAN. I want to be certain that we have the correct definition of that word you used, "graduate training." I did not suppose she had had additional training, but simply experience of nursing.

General KIRK. That is all, sir. If she has had experience of nursing in a general hospital, I think it is 9 months in addition to graduating from what we call a subnormal school, because it is too small a hospital to give that experience, she is accepted.

Mr. SPARKMAN. In other words, she can make up that deficit of nursing in a hospital of more than 50 beds?

General KIRK. Yes.

Mr. JOHNSON. Will you reverse that? If a woman has had the training and has worked in a hospital of 40 patients, can she also become commissioned in some way?

General KIRK. Maybe we had better read what the requirements are.

Mr. JOHNSON. Do you understand it, General Kirk?

General KIRK. Not quite.

Mr. JOHNSON. The question is this: You do not take nurses in from hospitals having under 50 patients, is that correct?

General KIRK. Yes.

Mr. JOHNSON. Now, assuming that a girl entered a hospital of that type, having had a thorough academic training, which you think is necessary, in a good school, one that is accredited by you, is there not some way she could work and become a second lieutenant, or higher?

General KIRK. We cannot commission her unless she meets our minimum standards initially. We feel that she has to have more training and see more patients than she saw in a hospital of less than 50 patients.

Mr. JOHNSON. So the academic background that she had does not make any difference?

General KIRK. No, sir; it is her training as a nurse and not her academic background. We require that they have a high-school education, lasting a certain length of time. Nurses who started training before a certain date are acceptable to us if they did not graduate from high school, if they have done a nursing job.

Mr. THOMASON. Why could we not read those requirements into the record?

General KIRK. We have them here for you and we will give them to each one of you.

Mr. THOMASON. If they are not too long, they may form the basis for discussion, because that is the thing that confuses most of us, this question of your minimum requirements.

General KIRK. Will you read that please, Colonel Hall?

Colonel HALL. I am Lieutenant Colonel Hall, Chief of the Personnel Service for the Surgeon General of the Army. [Reading:]

The applicant for an appointment to commission status in the Army Nurse Corps, Army of the United States, must be a graduate of a school of nursing approved by the Surgeon General and connected with a hospital giving a 3-year course in basic nursing subject, including medicine, surgery, obstetrics, and pediatrics.

In order to insure that the nurse has had variety of training during her school years, a daily average of at least 50 patients, during her training period, is required.

If the nurse has graduated from a school having said daily average, or fewer than 50 patients, she may supplement this by affiliation, postgraduate courses, or professional experience in a large institution, after which she becomes eligible for appointment on approval of the Surgeon General.

If I might add a few personal statements based on the experience of commissioning these applicants, the basis for the Surgeon General's original decision in this matter was that an Army Nurse Corps officer must be able to act under any given situation and under any circumstances as an officer and as a professionally trained nurse.

If she has not had this variety of experience in her training a situation might arise in which adequate medical care would not evolve from her services to the soldier, if she has not had such training.

The CHAIRMAN. All right. Mr. Durham, do you have any questions?

Mr. DURHAM. From your statement there, I gather you consider this emergency legislation.

General KIRK. Yes, sir; there is a timing here that is acute. We are going to have a maximum load of patients back from overseas by June. I have stated that they are coming home at the rate of 30 to 32 thousand a month.

Mr. DURHAM. Getting back to this training program, of course the Army has cooperated in every way possible, in training these sister nurses, as we call them, at the institutions throughout the country, have you not?

General KIRK. Yes, sir; and we have trained many, many soldiers to do this job. The Army has trained ninety thousand to a hundred thousand technicians for X-ray, laboratory, medical, and surgical technicians, which are actually nurses' aides.

Mr. DURHAM. Do you think those nurses' aides, in cases of emergency such as we had in 1917, would be safer on the home front, and that it would help?

General KIRK. Under the proper direction, if we had 1 nurse to 30 beds, and she had 3 nurses' aides to assist her, here she could probably get her job done, whereas, if she were there alone, she could not.

Mr. DURHAM. It is almost impossible to, at the present time, get a nurse in my section of the country.

General KIRK. Yes.

Mr. DURHAM. Now, is the Navy in favor of this legislation?

General KIRK. Admiral McIntire told me personally that he was.

Mr. DURHAM. They have had a program, too, of training these so-called assistant nurses?

General KIRK. Yes, sir.

Mr. DURHAM. Now, on your assignment of 1 to 12 beds overseas and 1 to 14 beds in this country, on what do you base that difference, General? On the basis of your hospital facilities in the field of operation?

General KIRK. To come back to that, let me start this way to answer that question: We have always felt in the Army that we needed 1 nurse to every 10 beds and that is what we have always gone on in peacetime. There was a shortage of nurses. We had a directive to reduce that figure from 1 to 12 overseas and 1 to 15 at home. I was ordered to do so.

Mr. DURHAM. Does it require more nurses in an evacuation hospital than in a general hospital?

General KIRK. Yes, sir, I have seen evacuation hospitals with 200 patients in them, or I have not seen but I have heard the report, when in Normandy, that one hospital with a 400-bed unit had 600 patients admitted or tried to be admitted in a 24-hour period.

Mr. DURHAM. Are you at present short of nurses in the evacuation hospitals?

General KIRK. Not at present. We have taken them from the United States and sent them over.

Mr. DURHAM. You do have enough for the evacuation hospitals?

General KIRK. Overseas, yes, sir, but some of these women have been over there 2 to 3 years.

Mr. DURHAM. The reason I ask is I have had inquiries from some of these nurses trying to get transferred to the evacuation hospitals and I was unable to answer that question.

General KIRK. On rotations, when a nurse comes home, we send another to a theater, and the theater surgeon finds a nurse there to take the nurse's job that was with the evacuation hospital.

Mr. DURHAM. That is all.

The CHAIRMAN. Any further questions?

Mr. ARENDS. General Kirk, I am sorry I was a few minutes late, I did not hear the first part of your testimony. Did you make any mention of how many nurses had enlisted just recently in the last 2 months? Do you have those figures?

General KIRK. From April to December, our net gain was 2,000 nurses; yet there were 27,000 nurses graduated in nursing during that period.

Mr. ARENDS. Have you any figures from December 1 until, say, today, or a week ago today, or would you prefer not to answer that question?

General KIRK. No; I will be glad to answer that. From January 1 to January 12, there were 900 appointments.

Mr. ARENDS. How many from December on?

General KIRK. Well, December includes the 2,000.

Mr. ARENDS. Well, then, you are of the definite opinion that the need for nurses will not be satisfied through voluntary enlistment?

General KIRK. Not in time to meet our need. If we had 3 years, it probably would, sir, but there is our take from April to December, 2,000 net, and we have got a requirement here that we have got to face between now and June, and the time is short, and we have got a loss each month to make up of two to three hundred that are separated from service.

Mr. SPARKMAN. Will the gentleman yield?

Mr. ARENDS. Yes.

Mr. SPARKMAN. Present reports, within the last few days, if I recall correctly, stated that within the last 2 or 3 weeks 4,000 nurses had applied for admission. Is there any truth in that?

General KIRK. That is what has been said and I am informed about that many applications have been received.

Mr. SPARKMAN. Of course, you do not know how many that will net?

General KIRK. There are a lot of applications that come in to our offices from persons who are stenographers that want to be nurses, that have to be answered.

Mr. SPARKMAN. And you do not know how many that 4,000 will net?

General KIRK. No, sir; I would hate to guess, but I know we have had 900 sign on the line from the 1st to the 12th of this month. There is a great drive on of recruiting, as well as the President's message to Congress.

I had a letter from a lady in New York who is interested in nurse recruiting and she wrote me that on the Monday after the President's message, they were busy all day, they never had as many applicants for nursing; the second day, Tuesday, there was one.

Mr. ARENDS. I might say, General Kirk, that I had a long-distance call the other day from a nurse in the city of Chicago and she mentioned that after being off 2 or 3 days and going back to the hospital, she said, "Every one at the hospital has enlisted. What am I going to do? I do not want to be the only one in the hospital."

General KIRK. I think a lot were just waiting to get going.

Mr. ARENDS. Have you any individuals who have made application, and have you had to turn down applications for nurses because of minimum requirements, such as 50-hospital beds? Have there been any rejects of that kind?

General KIRK. Less than 2 percent.

Mr. ANDREWS. Will the gentleman yield?

Mr. ARENDS. Yes.

Mr. ANDREWS. I assume, General Kirk, you go back to the hospitals and study their loads before you accept their applications?

General KIRK. War Manpower Board is working on that now and they say who is essential and who is not.

Mr. ARENDS. General Kirk, I do not want to get off the subject, but while you are here, I would like to ask this question concerning the doctors' supply in the Army and Navy.

Are you still trying to get doctors?

General KIRK. We have quit taking doctors from civil life and have taken none for 2 months in the Army.

Mr. ARENDS. I have had some discouraging letters recently from home about the predicaments some of the communities are up against. My own personal doctor is traveling in seven towns in the community and for a solid week he had never been to bed. He is just absolutely wearing out and just cannot take any more.

General KIRK. May I say what our doctors are doing in the armed forces in the European theater?

Mr. ARENDS. Yes.

General KIRK. There are 32 doctors, including the commanding officer and his executive to each thousand beds. That means there are 30 doctors to take care of a thousand battle casualties and they come in at a train load of 250 on a train, and they have expansion units there with 500 beds more to give them 1,500 beds for 32 doctors to take care of. Now, if we have got too many in the Army—

Mr. ARENDS. I do not say you have too many. I was asking if you were still taking them.

General KIRK. No; we are not taking any more.

Mr. HARNESS. General Kirk, these doctors and surgeons who are at the front, have you ever given any consideration to a rotation plan for them, so that these surgeons, and I saw and talked to some of them on this recent tour over there, that are working 15 to 18 hours a day doing nothing but surgery until they are just about to break, while

you have got other surgeons up the line doing first-aid work, and I have talked to a number of doctors who wondered why we could not have a rotation plan to relieve this surgeon in the general hospital for 30 days to send him up to the evacuation hospital?

General KIRK. He has more work in the evacuation than in the general.

Mr. HARNESS. Different practice, is it not?

General KIRK. No; it is the same surgery, long hours, and under worse conditions.

Mr. HARNESS. A good many of those I talked to seem to think it might work out.

General KIRK. They always think the other pasture is greener than where they are. Now, actually, to answer that, you are probably talking about the battalion surgeon. He is trained to do that job, the same as the surgeon is trained to do his.

If the man up front could do as good surgery as this surgeon is doing, it would be fine, and if the surgeon was young enough and could take it and knew how to be a battalion surgeon, it would be fine. The job is entirely different. That has been operating in certain theaters to the extent it can be done. Actually, I think the thing we ought to do if we have able surgeons at home is to rotate them with men who have been over there 2 or 3 years doing that job.

Mr. HARNESS. Well, that would probably help if you could do it.

The CHAIRMAN. Go ahead, Mr. Arends.

Mr. ARENDs. You would say, then, that the doctors in this country are busy, who are in the Army?

General KIRK. Yes, sir; very busy.

The CHAIRMAN. Mr. Clason, do you have any questions?

Mr. CLASON. Are most nurses in this country trained in accordance with your minimum requirements?

General KIRK. Yes, sir.

Mr. CLASON. So, as a matter of fact, your minimum requirements do not exclude very many persons who have been taken?

General KIRK. Very few, sir.

Mr. CLASON. Then, I notice your age limit is 45.

General KIRK. Yes, sir.

Mr. CLASON. Would it be possible to gain any benefits by increasing that age limit and taking nurses up to 50 in this country and allowing the younger ones to go overseas?

General KIRK. When we fill up this country with that type of individual, what are we going to do with the nurse who has been over there 3 years when she is due to come home? Who are we going to send over to relieve her?

No, sir; we have considered that very extensively. We consider that is too high an age limit, when we consider certain other women that are in the Army and their attrition rate we find 27 percent of those separated from the services are over that age.

Mr. CLASON. Well, now, you also speak of these people having to be registered nurses.

General KIRK. That is correct, sir.

Mr. CLASON. Is it true there are quite a few graduate nurses in this country that would meet the minimum requirements who do not become registered?

General KIRK. I would not know. Most nurses, the same as the doctors, register when they get through training, so they can practice. That nurse cannot practice nursing in any State unless she has passed a State board.

Mr. CLASON. Well, if, as a matter of fact, we were to attempt to increase the supply by allowing any graduate nurse, would not that, in your opinion, help?

General KIRK. No, sir; then we must have a standard if we are going to treat sick people, sir. I believe you think these men are entitled to the best we can give them.

Mr. CLASON. Oh, certainly.

General KIRK. And we do not have enough nurses to meet those requirements to give these men the care they are entitled to, sir.

Mr. CLASON. What would you say in regard—I suppose we have a lot of people in the Army who are colored; colored men and women?

General KIRK. That is right.

Mr. CLASON. And are white nurses used in connection with them?

General KIRK. We do not segregate; they are all put in a ward together, white and black together. We have no segregation of color in our hospital chains, unless there is one division at one post where there are nothing but colored troops there.

Mr. CLASON. Well, I can understand that. On the other hand, you have some colored nurses, do you not?

General KIRK. Yes, sir; we have colored nurses in the European theater, a whole staff, staffing a station hospital there.

Mr. CLASON. And they would be treating both the white and colored soldiers?

General KIRK. Mostly white.

Mr. CLASON. Is not there a much larger field among that class of nurses from whom you could get—

General KIRK. We are accepting every Negro nurse that puts in her application that meets the requirements.

Mr. CLASON. Well, that is good.

The CHAIRMAN. Mr. Sheridan, do you have any questions?

Mr. SHERIDAN. General Kirk, you say there are 260,000 registered nurses in the country. Does that include the ones presently in the service?

General KIRK. Yes.

Mr. SHERIDAN. And the 27,000 that graduated from April, do you know what percentage of those were graduated and registered so they would qualify under your minimum requirements?

General KIRK. Well, they all have to register before they can practice nursing anywhere.

Mr. SHERIDAN. Not necessarily, General Kirk, not in the State of Pennsylvania.

General KIRK. You do not have to be a registered nurse in Pennsylvania?

Mr. SHERIDAN. No, sir.

General KIRK. Then I have been misinformed.

Can you give me some information on that, Major Groppe?

Major GRODDE. I am Director of the Nursing Branch of the Personnel Branch of the Surgeon General's Office.

Nurses who are registered nurses in Pennsylvania, would have many more opportunities for jobs than just graduate nurses. It may be true that they would practice as a registered nurse, but there would be other jobs closed to them if they were not registered.

Mr. SHERIDAN. I am only asking about the number of 27,000 that graduated from April up to December; of that number, how many were registered; do you have that figure?

Major GROPP. No, I am sorry, sir. I do not have that figure but the nurses taking the State board examinations which are held at different times during the year, and part of the increase in applicants that we are receiving is because, in the last months, a large number of nurses who have graduated have now become registered nurses.

Mr. SHERIDAN. Can you tell me, Major, of the 27,000 that graduated in April, those who registered in States that do not meet your minimum requirements; do you have that figure?

Major GROPP. No, sir; I do not.

Mr. SHERIDAN. Well, I am trying to find out of this 27,000 how many net were available to meet your minimum requirements; do you have any figures on that basis?

Major GROPP. We have figures that of all the nurses who have applied for appointment in the Army, less than 2 percent have not met our professional requirements.

Mr. SHERIDAN. Thank you.

General KIRK. I do not believe we can answer that, sir. We would not have that information. The nursing group might have that in civil life, but we would not have it in the Army.

Mr. SHERIDAN. In all fairness, I thought your statements derogatory, that of the 27,000 that graduated, that the net who would meet your requirements should have been the figure you gave the committee, because, as you know, there are hundreds of those 27,000 who did not register that could not pass the requirements. Some 2,000 out of 27,000 is not a fair and comparable figure.

General KIRK. I did not mean that, and I did not express it that way. We had a net gain of 2,000 nurses.

Mr. SHERIDAN. Of those 27,000 graduates?

General KIRK. No, sir; from all the nursing people in America, and they did not all come out of that class, I simply wanted to show that there were new nurses graduated during the period of time that we had a net gain of 2,000. How many came out of that 27,000, I have no way of knowing. It could be figured, but I am talking about the total, say, from the 250,000 left in the United States. I am sure that 2,000 did not all come out of that class, sir.

Mr. SHERIDAN. I want to be fair to that graduate so that there will be no unfair inference taken from your remarks, General, coming from a high authority.

General KIRK. Yes, sir.

The CHAIRMAN. Mr. Martin, do you have any questions?

Mr. MARTIN. Do you have any figures on the total number of nurses in the country who come within your qualifications? You gave the figure of something like 250,000.

General KIRK. There are some 260,000 total graduate nurses.

Mr. MARTIN. Do you know how many of those could meet your qualifications?

General KIRK. That is why we hope that you will ask for all these nurses to register and then we can find out. That is the only way we can find out.

Mr. MARTIN. These 4,000 applications you have on hand now, you have not had a chance as yet to determine how many of them meet your qualifications?

General KIRK. No, sir.

Mr. MARTIN. Now, when did you start this present drive for recruitment of nurses?

General KIRK. We have been trying to get nurses since last April, but it was not successful. Most people thought the war was going to be over in the fall apparently, or for some reason they did not come in. Now we have been speeding this up starting in November, and along in December, and it takes time to get things going and get results.

Mr. MARTIN. Now—

General KIRK. And December, too, is a holiday month and it is a bad month to ask volunteers to come in; they want to spend Christmas at home.

Mr. MARTIN. The fact that you actually commissioned approximately 900 in the first 12 days of January—

General KIRK. That is right.

Mr. MARTIN. And that you have 4,000 applications on hand now—

General KIRK. Yes, sir.

Mr. MARTIN. Indicates that you are now getting results from your special drive for recruitment of nurses?

General KIRK. Yes, sir; plus the President's message to the Congress which I think helped.

Mr. MARTIN. And I did not understand the number that you are trying to get, total?

General KIRK. We figure that we are going to have a requirement of 60,000 total in the Army; we have been trying to recruit up to 10,000 before the President's message, to meet a known requirement before December. Since December we have seen a greater requirement come home which I expressed in those 30,000 patients that are coming home monthly or have been, and we expect to continue.

Mr. MARTIN. Now, in how long a time do you hope to attain your objective in numbers?

General KIRK. We must have them by June, sir.

Mr. MARTIN. By June of this year?

General KIRK. Yes, sir.

Mr. MARTIN. Your whole present objective is to be accomplished by June of this year?

General KIRK. Yes, sir.

Mr. MARTIN. So that your program cannot possibly reach back into the student-nurse field very far?

General KIRK. No, sir; they have to be graduate nurses.

Mr. MARTIN. You are not, right now, emphasizing any program of recruiting from the present student field?

General KIRK. Those that graduate next June will be too late to meet the requirements of the sick we have to take care of, sir. They will come in to make up for losses among those that are.

The CHAIRMAN. Mr. Stewart, do you have a question?

Mr. STEWART. General, do you figure that you will get any nurses at the age of 18, under your minimum requirements?

General KIRK. No, sir; we just do not want to miss any; there are some States that graduate nurses rather early, but we doubt if there would be any of that age.

Mr. STEWART. With the basic minimum requirements of high school and 3 years' nursing, there are not going to be any 18-year-old girls?

General KIRK. I am afraid not.

The CHAIRMAN. Mr. Harness, have you a question?

Mr. HARNESS. Do your requirements prevent married women or women with children from going into the Nurse Corps?

General KIRK. We take married women unless they have children younger than 14.

Mr. HARNESS. If they have children under 14, you do not take them?

General KIRK. No, sir.

Mr. HARNESS. This would require all those nurses who are registered nurses to register with the Selective Service, and what assurance do they have that they are not going to be taken into the Army and taken away from their children?

General KIRK. Well, as I understand it, if this bill were passed, then the Army and Selective Service and others would write an executive order or somebody would, as to what nurses we would select, and I think in the selective-service legislation and regulations it is stated that those that were married and had children, or that it would cause any hardship to, that they would be exempted from call.

Mr. HARNESS. Do you not think it ought to be written in the law rather than leave it up to some regulation?

General KIRK. It would be very well to do that.

Mr. HARNESS. Now, then, do you know how many nurses, if any, are being used in prison camps?

General KIRK. You mean, German prison camps?

Mr. HARNESS. German or Italian.

General KIRK. Very few. There are some. Just around a dispensary. I was out at a general hospital that we have turned over for German prisoner or war patients, just a few months ago, where there are 1,700. There are no American nurses on ward duty at all. There are a few in the operating room to help in surgery. You know, under the Geneva Convention, we are required to give the same type care to the German wounded prisoner of war that we give to our own.

Mr. HARNESS. That is true, but—

General KIRK. But I am saying that that is what I found at that hospital where there are 1,700 badly wounded prisoners of war.

Mr. HARNESS. We have captured a number of German doctors and surgeons, too, that, in most instances, are being used to take care of their own people.

General KIRK. That is what is taking care of those people in that hospital.

Mr. HARNESS. I say in one prison camp, a captain of Nurse Corps taking care of about 15 or 20 German women that had been captured. Now, why could we not put someone else in command of those women and let that nurse take care of her own men?

General KIRK. Well, we could not put a man in charge of them.

Mr. HARNESS. You could put a WAC in charge of them and you have doctors there to treat them in the event they needed treatment.

General KIRK. What camp was that?

Mr. HARNESS. Central Prison Camp in France.

General KIRK. Oh, well, I cannot tell the commanding general over there what to do.

Mr. HARNESS. You have charge of the whole business, do you not?

General KIRK. No, sir. I cannot tell the commanding general of the European theater how he is going to treat his patients. All we can state are policies. Each commanding general is boss of what happens in that theater, whether it is fighting troops or medical care.

Mr. HARNESS. Now, are we using any civilian nurses?

General KIRK. At home?

Mr. HARNESS. Yes, sir.

General KIRK. Yes, sir; those that cannot meet Army standards we are hiring under civilian service and using them.

Mr. HARNESS. How liberal are you in waiving regulations to get nurses?

General KIRK. We have two on duty now, one is 68 and the other is 66 and if they are registered nurses, we hire them.

Mr. HARNESS. I want to tell you a little experience I had in just the last year. A young woman appealed to me to intercede for her to get into the Nurse Corps. She passed everything that was required except she was a half inch too short, and I had to appeal down I think it was your office or either the Navy, I have forgotten which it was, and they refused to take her. I do not know whether they have since done it or not. I do not know.

General KIRK. What are our height requirements, Colonel Hall?

Colonel HALL. Fifty-eight inches.

General KIRK. Fifty-eight inches.

Mr. HARNESS. Suppose she is 57½ inches?

General KIRK. Well, we would have to wipe out all requirements at all, sir, or we will not have any standards.

Mr. HARNESS. Well, if we are so desperately in need of nurses to be so rigid with these requirements, such as height—and so on—

General KIRK. Well, I asked 2 months ago that the branch of our office that has to do with physical standards check and see if anything could be done to lessen physical standards for nurses to meet what you are speaking about. I was told that something might be done on weight and height, and those are the only two things that could be done on our standards.

Mr. HARNESS. Well, General, I want to do everything I can to co-operate with you to get more nurses because I saw how overworked they were and what a swell job they are doing, but this is pretty drastic, drafting women into the Nurse Corps.

General KIRK. I agree with you, sir.

Mr. HARNESS. Do you not think in the light of the tragic things that have happened on the western front in the last month or two, that an appeal made by your office and the administration, would bring in these required nurses without resorting to draft?

General KIRK. No, sir; not this time. I was hopeful it would. I am convinced it would not, and if we look at the record in the past,

I am sure you will agree it won't. I am afraid we are getting to where we hope something will happen that we must have and if we can get this legislation, we still do not have to put it in operation if we get enough volunteers.

Mr. HARNESS. Well, you are basing your assumptions on the fact that you tried, from last April up until December—

General KIRK. Yes, sir.

Mr. HARNESS. To get the nurses?

General KIRK. Yes, sir.

Mr. HARNESS. When we all know that there was a wave of optimism sweeping over their country that the war was about over in Europe. Now that the thing is changed and we know it may last for nobody knows how long, if an urgent appeal was made, do you not think within the next 30 days, we could get the 20,000 nurses you need?

General KIRK. No, sir.

Mr. HARNESS. You do not think it is worth even trying?

General KIRK. No, sir; we are going to try; we are doing everything we can to do it.

The CHAIRMAN. He already testified we need 60,000. Mr. Harness.

General KIRK. Well, that is total over all, not 60,000 more; we have 42,000.

The CHAIRMAN. Well, you need 18,000, then?

General KIRK. Yes, sir.

Then, we have a loss replacement to make good, each month, of 250 to 300, and then the Navy has a requirement besides.

I think they have expressed a figure of a total requirement of three to four thousand.

Mr. HARNESS. Well, I would just like to say to you in conclusion, General, that I think we have got the best Medical Corps, the best nurses, and they are doing the best job of anybody in the world.

General KIRK. Thank you, sir. We are just trying to keep it that way.

Mr. HARNESS. Well, I want to help, too.

General KIRK. Thank you, sir.

The CHAIRMAN. Mr. Roe, any questions?

Mr. ROE. General, you definitely believe that this legislation is imperative and the problem cannot be met any other way?

General KIRK. If we are going to give these wounded soldiers proper care; yes, sir.

Mr. ROE. That is all.

The CHAIRMAN. Mr. Stewart has a question.

Mr. STEWART. I just wanted to ask what the maximum height and weight requirements were.

Colonel HALL. Seventy-eight inches.

Mr. STEWART. Seventy-eight inches. What is the weight maximum?

General KIRK. The worst trouble about nurses' sizes is getting uniforms to put on them after we get them, sir.

Mr. STEWART. That is why I was asking. What is their weight maximum?

Colonel HALL. Varies in proportion to the height, sir, with a minimum allowable attitude 30 pounds over or under either way above or under the ideal.

Mr. STEWART. What is the minimum weight on a 58-inch nurse?

General KIRK. I think it has been reduced from 105 to 100 pounds or less.

Mr. STEWART. What is the maximum weight on 78 inches?

General KIRK. May we not mail that to you?

The CHAIRMAN. All right.

Mr. STEWART. I think it is important.

The CHAIRMAN. I do not think so.

Mr. STEWART. That is where we disagree, Mr. Chairman.

The CHAIRMAN. Well, I hold it is not.

Mr. STEWART. I never have gotten the maximum weight.

The CHAIRMAN. Well, you may never get to it.

Mr. JOHNSON. You do not pay them according to their height or weight, do you?

Mr. STEWART. Mr. Johnson, I believe he would answer if you will bear with me a minute.

Colonel HALL. I will have to send it to you. It is based entirely upon the height and build of the nurse.

The CHAIRMAN. Can you give us a chart on it and put it in the record?

Colonel HALL. Yes, sir.

The CHAIRMAN. All right. Mr. Johnson has a question.

Mr. JOHNSON. General, this recruiting program has been carried on by your particular department; has it not?

General KIRK. By our department, by the Red Cross, by the various nursing associations of America. Everybody has had a hand in it, sir.

Mr. JOHNSON. In other words, I want to get in the record that it was carried on by people who understand the nursing problem.

General KIRK. Yes, sir.

Mr. JOHNSON. Now, I understand that these nurses who will be taken in, will become second lieutenants; is that by virtue of a regulation or is there some law that requires that?

General KIRK. The proposed bill says that these nurses shall be used only for what they are trained to do.

Mr. JOHNSON. Well, what I am thinking of is this: We have had some very sad experiences where the Army has offered to take people in and commission them, and later on they have found a surplus, and have not commissioned them.

I want to be sure that these women that are taken in are going to get what you hold out to them.

General KIRK. I will assure you of that, sir.

Mr. JOHNSON. Well, can you make a personal assurance?

General KIRK. Yes, sir.

Mr. JOHNSON. Or shall we put it in the law?

General KIRK. Well, what we figured was that it was not necessary in this law as you wrote it, and there has to be something written by the Selective Service and the Army after you authorize this, that will be written in to that text. I have an understanding on that with the War Department as to their commissions. We have not anywhere else we can put these people in the Army except as commissioned officers.

Mr. JOHNSON. I realize under the present set-up, but in the matter of flyers that were offered for instruction they were just left high and dry in the air.

General KIRK. Well, that would not be true of these nurses. They already have a profession and are not training for it and the bill says they are to be used as what they are trained for; that is, if they will accept a commission. There may be some that will refuse to accept the commission.

Mr. JOHNSON. Well, of course, in that case, you cannot force it on them. I want to come back to this matter of nurses working in smaller hospitals and who have a good basic, academic training. Can they consider as part of their experience as working in a bigger hospital, working in an Army hospital; if they come into the Medical Corps, do they have a chance to work up and become a commissioned officer?

General KIRK. I would not see why that would not count as experience just as much as any other general hospital, sir.

Mr. JOHNSON. Now, the men nurses that you have, they have a chance just like any other men, enlisted men, to go into an O. C. S. and become commissioned?

General KIRK. Yes, sir.

Mr. JOHNSON. Are they commissioned as nurses?

General KIRK. We have no commissioned male nurses. They are commissioned as Medical Corps administrators.

Mr. JOHNSON. In other words, the commissioning will be in some administrative job?

General KIRK. Such as assistant battalion surgeon that takes the doctor's job at the front, for instance, or he has charge of a certain group of wards in one of our given hospitals. These medical administrative corps of officers are taking over the jobs; that is, that the doctors used to do so we can make the doctors go further.

Mr. JOHNSON. In other words, their experience will be utilized in a supervisory capacity?

General KIRK. That is correct, sir.

Mr. JOHNSON. That is all.

The CHAIRMAN. Thank you very much, General. We appreciate the information you have given us and are happy to have had you with us.

General KIRK. Thank you.

The CHAIRMAN. The committee will have to go into executive session on the next witness. That, however, does not apply to Members of the House or Senate or Army officers.

The committee will now go into executive session.

(Whereupon, at 11 a. m., the committee went into executive session.)

(The following charts were submitted by Maj. Gen. Norman T. Kirk, Army Surgeon General, in explanation of his testimony.)

SENIOR CADET NURSES

Numbered H. R. 2664 (the Bolton Act), Seventy-eighth Congress, approved June 15, 1943, established under the control of the United States Public Health Service the United States Cadet Nurse Corps in the interest of a recognized national need and projected requirement of nurses for both civil and military institutions.

Senior cadet nurses, who are members of the United States Cadet Nurse Corps and have completed 2½ years in a school of nursing, may elect to receive their final 6 months' experience in the hospital of a Government agency (Army, Navy, Marine, Veterans, or Indian Service).

All members of the United States Cadet Nurse Corps may request such a transfer. The United States Civil Service Commission serves as a clearing agency by reviewing the applications and submitting them to the agency of the student's choice.

In order that schools of nursing would not be entirely without senior students an agreement was made between representatives of the Federal services and the schools of nursing that not more than 50 percent of the members of any class would be assigned to Federal agencies, unless the director of the school of nursing consented to releasing a larger percentage.

Approximately 200 schools of nursing in the United States have either not qualified or have not requested funds under Public Law 74.

In the first fiscal year (July 1943-44), 1,206 cadets graduated.

In the second fiscal year (July 1944-45), 9,165 cadets should graduate.

In the third fiscal year (July 1945-46), 25,161 cadets should graduate.

In 1944 it was estimated that a total of 28,900 nurses graduated from schools of nursing in the United States of America.

Senior cadets assigned to Army hospitals June 15, 1944, to Jan. 15, 1945

Total assignments	1,426
Course completed	761
Cadets on duty in Army hospitals January 15, 1945	665

NOTE.—(a) The 761 senior cadets who completed the course represent 30 percent of the 2,507 cadets who graduated from September to December 1944; (b) 761 cadets of the 761 who completed the course in an Army hospital have been commissioned in the Army Nurse Corps as of January 1, 1945.

Tentative assignments from Feb. 1 to May 15, 1945

	To be assigned (20 percent less than applications received)	Approximate number on duty		To be assigned (20 percent less than applications received)	Approximate number on duty
1945:					
Jan. 15		665	1945—Continued.		
Feb. 1	140	73	Apr. 1	24	251
Feb. 15	78	90	Apr. 15	9	41
Mar. 1	48	463	May 1	10	18
Mar. 15	33	388	May 15	8	5
		1,380			

NOTE.—Applications are received each week, so these figures may be materially increased.

APPLICATIONS FOR 6 MONTHS AFFILIATED TRAINING RECEIVED FROM CIVIL SERVICE COMMISSION (TO JAN. 1, 1945)

Applicants rejected	645
Physical disability	288
Incomplete applications	201
Insufficient time to obtain experience	122
Miscellaneous	34
Applications withdrawn	313
	958
Total	3,623
Percentage of lost, 26 percent.	

United States Cadet Nurse Corps—1,073 participating schools of nursing

	1944	1945	1946		1944	1945	1946
Anticipated cadet graduates:							
January		626	967	Anticipated cadet graduates—Continued.			
February		2,365	3,681	August		2,703	3,659
March		717	1,150	September	2,302	11,354	16,437
April		96	210	October	137	794	1,033
May		149	165	November	17	64	427
June		2,250	3,332	December	51	189	492
July		552	1,053	Total	2,507	21,859	32,606

Actual and required number of nurses, 1944

End of month	Actual	Required	End of month	Actual	Required
December 1943	36,045	36,045	July	40,562	
January 1944	37,050		August	40,726	
February	38,085		September	41,165	
March	38,896		October	41,322	
April	39,671	40,000	November	41,968	
May	40,026		December	42,247	50,000
June	40,453				

Monthly increment required to reach:

40,000 by Apr. 28

989

50,000 by Dec. 31

1,250

INFORMATION CONCERNING ARMY NURSE CORPS

American Red Cross.—By the charter established in 1912 the Red Cross was given the right to procure and certify nurses for the military services. However, membership in the American Red Cross is not mandatory in order that individuals may be certified by that organization.

The American Red Cross has more than 280 recruitment committees throughout the United States. The committees contact the nurse, issue application blanks, collect credentials, and forward same to the national headquarters, American Red Cross. At this headquarters the application and credentials are reviewed by a committee composed of nurses who have served as directors of schools of nursing and as members of State-board examining committees. They review the credentials and determine eligibility based on professional standards set up by the Surgeon General. The national headquarters forwards a statement to the service command that the nurse does or does not qualify for an appointment in the Army Nurse Corps.

War Manpower Commission.—The Congressional Appropriation Act for the fiscal year June 30, 1945, approved funds for determining the essentiality to civil life of nurses or their availability for military service, but stipulated that this would be done by Procurement and Assignment Service of the War Manpower Commission as originally established and mission defined by Executive order of the President.

The War Manpower Commission determines the essentiality or nonessentiality of a nurse to the civilian community in a given position, and advises the nurse of her classification, and sends to headquarters of the service command a roster of all nurses who have been declared available for military service. The War Manpower Commission has declared all graduates since August 1, 1944, available as a recruitment pool for the military services, and has indicated that any nurse declared essential may be declared available for the military service 60 days after she has made application.

The War Manpower Commission has decentralized to Army Service Command levels their function of declaring nurses available to military service.

Service Command.—The service command also recruits nurses through contacts with community and professional groups and in their offices. Application banks are also distributed and forwarded to the local recruiting committee of the American Red Cross for assembling of credentials. The service command authorizes physical examinations, and when it is determined that the nurse is professionally and physically qualified and is declared available by War Manpower Commission the service command appoints and assigns this nurse.

Time involved in processing.—Registered nurses who have had their cadet experience in an Army hospital may be appointed into the corps with no other processing than to procure State registration. She may be immediately appointed and assigned. Nurses whose professional and physical qualifications are unquestioned may be appointed within a period of 3 weeks. This allows for time involved in having physical examination and receiving satisfactory credentials of professional work. For all other nurses who have problems, as citizenship, meager educational or professional experience, there may be considerable delay, dependent upon the kind of problem involved. The entire procedure has been recently reviewed in order to expedite the processing of applications. The placement of procurement nurses in the commands who may authorize physicals, decentralization by the War Manpower Commission of data regarding availability, and

review of credentials by the local committee of the Red Cross in the large centers, are steps that have been taken to reduce this time to a minimum. Also, increasing of the basic training center facilities, and the frequency with which these courses are given, or the practice of assigning a nurse to duty prior to the date of such a course, effects a more immediate and economical utilization of personnel.

Preliminary education.—The applicant must be a graduate of an accredited high school if she completed nurses' training subsequent to 1934. This requirement has been no problem inasmuch as all States had this minimum requirement at that date. For nurses who have graduated prior to 1934, a minimum of 2 years of high-school education is required or its equivalent. All supplemental education is considered in interpretation of the equivalent.

Nursing education.—The applicant must be a graduate of a school of nursing approved by the Surgeon General, and connected with a hospital giving a 3-year course in basic nursing subjects, including medicine, surgery, obstetrics, and pediatrics. In order to insure that the nurse has had variety during school years, a daily average of at least 50 patients during her training period is required. If the nurse has graduated from a school having fewer than 50 patients, she may supplement this by affiliation, post-graduate courses, or professional experience in a large institution, after which she becomes eligible for appointment on approval of the Surgeon General.

Registration.—All nurses must have current registration in some State or in-sular possession of the United States. This is her license to practice as an R. N. Graduate nurses who are not registered usually do not qualify for State registration, inasmuch as the school where they have studied has not met the educational requirements of that particular State.

Citizenship.—Citizenship requirements are identical with all other officers. That is, she must be a citizen of the United States or a cobelligerent or friendly country.

Social status.—Applicants may be married or single. If married, may not have minor children under the age of 14. No minimum age, but may not have reached her forty-fifth birthday. The value of experience is appreciated, but the arduous duties and the emotional strain which Army nurses are called upon to endure are met with greater efficiency by younger nurses. It is also necessary to adhere to this age limit in order that the maximum number of nurses who come into the service be physically qualified for overseas duty.

Physical qualifications.—Physical standards are the same as those prescribed for all officers.

EXPLANATION OF CHART CONCERNING PLAN FOR 1,000 BED HOSPITAL

I. This distribution of nurses was based on the allotment of 1 nurse to 15 beds. This standard was established as a war emergency in order that the military shared with the civilians in the distribution of nursing personnel.

Hours of duty:

Day nurse: 0700 to 1500 or 0700 to 1000 and 1400 to 1900.

Night nurse: 1900 to 0700.

All working overtime.

Day nurses to have one-half day off each week and when possible 1 full day off each month.

Night nurses to have no time off until completion of period of night duty.

No allowance has been made for relief for days off, nor for illness.

If a ward had a low-patient census the assigned nurse might relieve for others who could have time off.

With the limited personnel available, no provision is made for more than token supervision and none for instruction of auxiliary workers.

NOTE.—In a 1,000-bed hospital, 80 percent of the patients will be bed patients and this distribution of nurses provides for:

A. 45 nurses on duty for 8 hours a day care for 800 bed patients or each patient receives $\frac{1}{2}$ hour of graduate nurse care each day.

Seven nurses on duty for 12 hours a night care for 800 bed patients or each patient received 6 minutes of graduate nurse care each night.

No allowance was made in the above for administrative duties walking between wards or for meal hours.

B. The present ratio of 1:15 is not being observed and a much lower ratio of nurses to patients exists in many installations.

C. If personnel were provided in this low ratio (1:15) a workable solution could be made for emergency periods only, but not for the duration of a long-drawn-out war.

D. In many installations, as many as 50 percent of the nurses have seen overseas duty and are suffering from recurrent illness which necessitates considerable time off duty. As noted above, no provision can be made for illness.

II. If the distribution of nurses were planned on an allotment of 1 nurse to 10 beds:

A. Except for cases requiring an exceptionally large amount of nursing care, such as cord cases with considerable paralysis, 1 nurse can care for 10 patients 8 hours during the day and 1 nurse can care for 20 patients for 12 hours during the night which would allow 2 nurses for the care of 10 patients.

Based on hospitals having 80 percent as bed patients or 800 bed patients 160 nurses would be required for this minimum of nursing service.

B. Two hundred convalescent patients would require the service of seven nurses.

C. Four nurses are required in the chief nurse's office for administrative duties.

D. In the operating room if there are 4 rooms (average for a 1,000-bed hospital) 4 nurses would be required to assist the surgeons in surgery.

One nurse anesthetist is required and in most instances two students are also assigned to assist with the administration of anesthetics.

E. Nurses are also required in the out-patient department and an average of two nurses would be assigned unless the department was extremely busy when additional personnel might be required.

F. An allowance of 18 nurses could be made for vacation relief and as substitutes in cases of illness.

G. This would require 198 nurses if 80 percent of the 1,000 beds were occupied by bed patients. If only 40 percent were bed patients the number of nurses could be reduced by 100.

PROCUREMENT OF NURSES

FRIDAY, JANUARY 19, 1945

EXECUTIVE SESSION

The Committee on Military Affairs went into executive session at 11 a. m.

The CHAIRMAN. General Lull, will you give your name, rank, and position and your connection with the Surgeon General's Office, and then give us your statement as you see fit with regard to this matter?

STATEMENT OF MAJ. GEN. GEORGE F. LULL, DEPUTY SURGEON GENERAL

General LULL. Maj. Gen. George F. Lull, Deputy Surgeon General.

General Kirk has asked me to present some statistical data which has been divided into two parts:

One, the explanation of the need, the requirements, why we require 60,000 nurses; and two inability to get nurses through voluntary procedure.

The first part of the explanation of the need of 60,000 nurses is restricted information and should not appear in the record.

The first chart in the folder I have given to you shows the cumulative Army casualties. Some of those men remain in hospitals for long periods of time and others are only there for short periods of time, and as I stated before, the patient load will probably level off in the middle of 1945.

Mr. JOHNSON. General, will that curve keep on going up next year?

General LULL. Oh, yes, sir; that will keep on going up because we had a lot of them in January.

This is the cumulative total of those wounded in action.

The next chart is the chart that General Kirk showed the chairman, of the Army Nurse Corps in zone of interior hospitals. You have it before you. It shows you how many nurses are actually on duty in the wards at a ratio of 1 to 15 beds. Now, this ratio of 1 to 15 beds is not considered an ideal ratio, but it is a minimum that we can get along with. That shows that the actual day-duty nurses in hospital wards average 1 nurse to 21 beds.

There is a chart and a statement following this, in the folder, which shows in a little more detail the assignment of nurses in a thousand-bed hospital; that is, their professional assignments in a hospital and along with it is an explanation chart which I will not read except to call attention to the fact that in a thousand-bed hospital, where 80 percent of the patients are bed patients, 45 nurses on duty for 8 hours a day,

caring for these bed patients, gives each patient one-half hour of professional nursing care.

At night duty, with seven nurses on at night duty, for 12 hours, caring for these bed patients, each patient gets 6 minutes of graduate nursing care not counting the time the nurses spend walking through the wards and along the corridors.

The rest of the statement has to do with our inability to get nurses through voluntary procedure, which has been covered in General Kirk's statement and some of the questions asked, but if you will note the next chart, it shows our requirements from January 1944 to December 1944, the last calendar year. The requirements are shown in the dotted line, while the actual number of nurses going into the service is shown by the solid line.

You see they are becoming further and further apart.

The data sheet accompanying that shows the actual strength of the corps at the end of each month together with the requirements.

Also I forgot to call your attention to the fact that down at the bottom of this chart it shows the number of separations each month.

The CHAIRMAN. That is the actual number of required nurses?

General LULL. Yes, sir; the actual number present and the requirements.

The CHAIRMAN. That is on the left-hand corner?

General LULL. No, sir; the data sheet accompanying, Mr. Chairman, shows the actual number at the end of each month. It is simply a translation in tabular form of this chart.

Mr. ARENDs. When you say "separations," are all those medical separations practically?

General LULL. Practically all medical separations. The majority of them are.

Mr. KILDAY. General, do you still permit a nurse who marries to resign from the service?

General LULL. She does not resign if she is married; no, sir.

Mr. KILDAY. It was compulsory at one time, was it not?

General LULL. A long time ago; yes.

Mr. KILDAY. But now, you do not accept that as cause for resignation?

General LULL. No, sir.

The other chart, the large chart at the bottom, simply shows the gains and the time of the gain from the fiscal year 1941. You see that immediately following Pearl Harbor, recruiting went up. Immediately following the North African advance, recruiting went up. It went up a little, but not as much, and it started to level off here after the invasion of Sicily, although it did go up some after the Italian invasion, and then, after Normandy, there was very little increase in the rate of applications for commissions.

The CHAIRMAN. Practically level from Normandy until the present time?

General LULL. Yes, sir.

The CHAIRMAN. All right, General, what else do you have?

General LULL. I would like to conclude my discussion with a statement that while the objective of the legislation is in accord with the program of the President, the War Department has not been advised by the Bureau of the Budget whether the specific provisions of the

bill under discussion are in accord with the program of the President, so my remarks contain no commitment in that regard with respect to any bill.

The CHAIRMAN. Of course, General, we are always hearing about the Budget. I do not think it has much to do with things, and the President, in his recommendations in his message, I doubt if he considers any Budget matters in it. It is up to us. We want to know what you gentlemen are required to do.

Mr. THOMASON. I assume, General Lull, you concur with General Kirk that this is an emergency situation and in judgment there is no way to meet this crisis except by legislation of this character?

General LULL. That is correct, Mr. Thomason.

Mr. THOMASON. You feel that you have exhausted your voluntary efforts, your efforts at getting them by voluntary means?

General LULL. Yes; because, as General Kirk said, the time element comes into it. If we had lots of time we might build it up eventually, but we need them, and need them badly, now.

Mr. THOMASON. Well, that answers the whole problem as far as I am concerned. That is all.

The CHAIRMAN. Any other questions? Mr. Sparkman, do you have a question?

Mr. SPARKMAN. General Lull, I wanted to ask you this: I understand that England has a hospital corps, or hospital unit that is a civilian unit. It is not directly a part of the army. I am not sure but it may be made up of conscientious objectors. A gentleman who works with conscientious objectors in this country was discussing with me the other day the possibility of using a great many conscientious objectors in hospital work, and a suggestion was made that we would be very glad to work out an arrangement, something similar to the British arrangement. In fact, he said that conscientious objectors would undertake to staff completely two large hospitals, with doctors, nurses, medical corps men, everybody, provided such an arrangement could be worked out with the Surgeon General.

Have you given consideration to any such program as that?

General LULL. Not to that, Mr. Sparkman; but you know any conscientious objectors can be placed in the medical department by being classified as I-A-O, and we have quite a few, but he has to enter the Army, and there are all kinds of conscientious objectors—some won't wear a uniform, some will wear a uniform and won't fight, some will only wear a uniform certain days of the week. There are all kinds.

Mr. SPARKMAN. I know that is true, and, as a matter of fact, that is how the discussion came up. I asked him why it was conscientious objectors could not go into medical work, where it was a work of mercy and a work often requiring a very high degree of courage and sacrifice, and he related to me that a great many of them were in under the I-A-O classification.

General LULL. That is right.

Mr. SPARKMAN. In fact, I believe he told me that was the regular work of the Seventh-day Adventists that they call went in under that.

General LULL. Yes.

Mr. SPARKMAN. Then he brought this up for the other group that are not willing to become part of the armed forces at all but would be willing to work under some kind of a contractual relationship

whereby they assumed complete control, under, of course, the supervision and regulation of the Surgeon General of furnishing all of the personnel and all the expense necessary to the operation of the hospital.

General LULL. The reason the Seventh-day Adventists have a hospital unit is not because they are Seventh-day Adventists but because they have a medical school and hospital, and they sponsored an affiliated unit from this medical school. They happened to be Seventh-day Adventists. All of the officers now, under the rotation policy, of course, are not Seventh-day Adventists. The character changes.

Mr. SPARKMAN. Well, they do go in under the I-A-O classification, do they not?

General LULL. Yes, sir.

Mr. SPARKMAN. I simply offer that as a suggestion. It seems to me it might have some possibilities and, at the same time, might give us a little satisfaction of a great many of these misguided people being used in a useful, helpful way.

Mr. KILDAY. Will the gentleman yield?

Mr. SPARKMAN. Yes.

Mr. KILDAY. General Lull, on that point I imagine the same gentleman who discussed it with Mr. Sparkman discussed it with me. While we were overseas the Surgeon General mentioned a large number of conscientious objectors serving in the Medical Corps and doing a very fine job. But, as I understand it, here in this country conscientious objectors who will not go so far as to put on a uniform, and, frankly, I think we have botched up the conscientious objectors—the responsibility is on Congress—as I understand, there are 7,000 of them, and about 2,000 are working in hospitals of the United States and the other 5,000 are in national parks serving as fire rangers in the fire season and the rest of their time they are fiddling away their time in these parks. All of these 5,000 would be willing, or a major portion of them would, at least, to go into hospitals of the United States and serve as male nurses and nurses' aides and things of that kind. Instead of that, we keep them for a major portion of the year doing nothing, and the Interior Department has refused to release them for this kind of work. We do have there about 5,000 men. I do not say they are misguided; I respect their views. I think we should respect them, but why could we not utilize those 5,000 men, or most of them, on doing some of this drudgery around hospitals?

General LULL. I believe some of them, the Department of Interior did release to work—

Mr. KILDAY. Two thousand.

General LULL. Yes; about 2,000.

Mr. KILDAY. You do think they would be helpful?

General LULL. We might encounter certain administrative difficulties. I would not like to answer.

Mr. SPARKMAN. Under the terms of this bill, married nurses could be drafted, although I assume that the regulation that General Kirk referred to; that is, not taking any married women with children under 14, would still be adhered to?

General LULL. I would think so; yes, sir.

Mr. SPARKMAN. I presume there would be no objection, if we wrote that requirement into the bill?

General LULL. General Kirk?

General KIRK. No, sir; none whatever.

Mr. SPARKMAN. That is all.

Mr. CLASON. General Lull, so far as these charts are concerned, are these confidential?

General LULL. No, sir.

Mr. CLASON. It would be possible for us to use those if anyone wants to ask us any questions?

General LULL. Yes, sir; there is nothing of a restricted nature in the charts that were distributed to you.

Mr. CLASON. I understand that after every major enterprise you had an immediate response?

General LULL. Yes, sir.

Mr. CLASON. How do you account for the biggest single operation of our forces causing a tapering off of the nurses at that time? Was there some statement made by Government officials or anything that caused this change in the trend?

General LULL. No, sir; my only conjecture, and it is a conjecture, that the Government thought they were going to end the war and they would not be needed.

Mr. CLASON. All through the last half of 1943 and the first half of 1944 you were going ahead at about a thousand nurses a month?

General LULL. Yes, sir.

Mr. CLASON. Just as soon as the last half of 1944 arrived, you do not take in any nurses for about 3 months in succession. That indicates there must be some particular reason.

General LULL. I think that, as I said before, which is purely conjectural, that people thought the war was going to be over after they went into Normandy, so that the urge to come into the services was not as great as before.

Mr. CLASON. And the fact that people have had this on their minds now for a period of 8 or 9 months makes it more difficult to put on a voluntary recruitment campaign that would bring in the required number?

General LULL. Yes, sir; it would be difficult to bring in the required number. Of course, we have had a spurt now, after this bill, and after the President's message, but from April until the present time, there has been very, very little recruiting.

Mr. CLASON. Does not your statement indicate that you have got to build more hospitals in the United States immediately?

General LULL. I would not make a statement to that effect, not for the Army needs; no, sir.

Mr. CLASON. I thought you had up to 193,000 beds occupied in the United States with a total capacity of 223,000?

General LULL. That is right. We have other hospitals that might be used, however, which are not used.

Mr. CLASON. So you feel so far there is no need for a building program at this time?

General LULL. I would hate to answer that positively. In my opinion, I do not think there is any need of a building program, as such.

Mr. CLASON. Well, you do not have anything to do with the veterans' hospitals, but from what you state you are turning over a large number of cases to the Veterans Administration to handle.

General LULL. I cannot give you the figures on it even, Mr. Clason; I do not know how many, only two classes, and there is very little tuberculosis and the other class are the psychotics.

Mr. CLASON. Yes.

General LULL. These are the ones who need institutional treatment. They are the only two groups being turned over, and I cannot give you the figures. I do not know whether General Kirk has them.

General KIRK. There are some fractured-spine cases. I think there have been about 500 of those types of individuals who have been completely paralyzed from the waist down and will be from now out probably. But the Army's policy is no man will be discharged from an Army hospital to a veterans' hospital.

Mr. CLASON. How many have been turned over, General Kirk?

General KIRK. I am sorry I cannot answer that. They are piling up in our facilities and we have expanded our facilities to take up the slack if the veterans cannot. It requires a period of time.

The CHAIRMAN. Mr. Kilday, do you have any questions?

Mr. KILDAY. General Lull, first I would like to say we were very much impressed with the service rendered by the nurses in the service who are serving in very difficult situations and are carrying on admirably. We visited these hospitals and those girls paid no attention to us and just went about their duty, so those who have responded, I am sure you will agree, have done a remarkable job and we found they were top heroes with the soldiers. So I have always hoped that this legislation would not be necessary because it might be some reflection on the profession. But I wanted to ask you this: The last experience I had, the hospital prohibited a nurse from working more than 8 hours. Is that adhered to pretty generally in the country now?

General LULL. I think it is fairly general.

Mr. KILDAY. An 8-hour day?

General LULL. Yes.

Mr. KILDAY. Of course, that is a long day.

General LULL. Yes, it is. Not in the Army, though.

Mr. KILDAY. I understand. It is a rather recent innovation that we might suspend until after the war. Is there any prospect of that?

General LULL. I could not answer that. I do not know, sir.

The CHAIRMAN. Well, now, that does not apply to overseas nurses?

General LULL. No; but I am talking about it.

Mr. KILDAY. No; I am talking about the available pool which is being depleted by their being required to do what two formerly did. Of course, I do not believe in a 12-hour day, but it had been longer than it is now in the profession. I was just wondering if we could not suspend that to get out of this, to increase the available supply.

General LULL. I would hate to say. I do not think it is going to be.

Mr. KILDAY. While we were in England, they had to put a doctor on the train with us and he stayed with us for a number of days; he came right from a hospital and he explained to me that they had difficulty in the hospitals, because when a man had recovered or they felt he could leave the hospital, they were faced with the regulation that the doctor had to make one of two certifications: One, that he had reached the maximum benefit of hospitalization and, the other, that he was ready for active duty, whereas there were many men who had reached the point where they were not ready for active duty but

that they simply needed rest and recuperation, just as when your doctor tells you you can go to your office 2 days a week or something like that to take up that hiatus.

Now, speaking of your hospital load which you have described, is there not something we could do to take the man from the hospital when he is not available for military duty and needs a little longer period to recuperate at a rest camp or something of that kind?

General LULL. That is all covered, Mr. Kilday. We have convalescent centers and convalescent hospitals to which these men are sent, and a reconditioning program. The reconditioning program starts in this country back in the wards before the man is up and around and is carried right through, and when he can leave the hospital and wear a uniform and live in barracks he is placed outside of the hospital atmosphere, and we have, as I stated before, many thousand convalescent spaces, as we call them, where these men go out of the hospital atmosphere and in a place where they can be built up.

Mr. KILDAY. I was very much impressed in talking with this man, speaking of his practical difficulties. Faced with it through the regulation and I was wondering if the Surgeon General's Office might not look into that. It might be a misconstruction of regulation down the line, but it was represented that it did increase the hospital loads.

General LULL. They have convalescent hospitals in the theaters, too.

The CHAIRMAN. Mr. Martin, do you have a question?

Mr. MARTIN. General Lull, I was somewhat impressed by General Kirk's statement that you wanted this legislation available and not necessarily to use it. The number of commissions issued in the first 12 days of January, I believe, were about 900.

General LULL. Yes.

Mr. MARTIN. And the number of applications now on hand are approximately 4,000?

General LULL. Well, they might not be called applications, Mr. Martin. You might say the number of inquiries we received are 4,000. The people who have inquired amount to about 4,000. Of course, some of those, as General Kirk said, might have good stenographic training but not any training as nurses.

Mr. MARTIN. Do you have any idea how long it will take you to process that number and know or determine how many of those will be commissioned?

General LULL. No, I think it is pretty difficult to say how many out of that number. We find—I think we find that when the nurse meets the qualifications, about 20 percent of them fail physically, which is not a bad figure.

Mr. MARTIN. The chart here ending on December 1, of course, gives the leveling off here rather a striking record, but an extension of that through the month of January would show a greater boost upward than any month for the entire record shown on the chart, would it not?

General LULL. That is right.

Mr. MARTIN. And if any large number of those 4,000 were commissioned, added to the 900 you have already commissioned in January, that would be a considerable boost upward and you would have no determination yet as to whether that rate of inflow—

General LULL. Is going to keep up?

Mr. MARTIN. Will keep up.

General LULL. That is right.

Mr. MARTIN. And to protect you against any leveling off or recurrence of a wave of opposition you want this legislation?

General LULL. Yes, sir.

Mr. MARTIN. For that reason, we will have this bill up for further hearings shortly, and I would like to have pretty close liaison with your office as to the further progress toward your goal. If the 4,000 applications contain any very large percentage of additions, and that list of applications continues to increase in the near future, it would be of great interest to us.

General LULL. We will be glad to furnish you with that information.

Mr. MARTIN. This jump upward in January is so striking in comparison with the rest of your chart, here, that I am just wondering whether, by the time we get this into the enactment stage, whether or not the picture will be somewhat different than shown on the chart. That is why I gathered from General Kirk's statement that you wanted it only as a protective measure and not necessarily as an operative measure.

General LULL. Both.

Mr. MARTIN. I know you wanted the information about it, but you are not necessarily going to use it for the draft?

General LULL. Not if we can get enough volunteers; no, sir.

Mr. MARTIN. That is all.

The CHAIRMAN. Mr. Durham, do you have a question?

Mr. DURHAM. I am sure you are aware at the present time that the War Department is creating some of these camps and places to be built around country sections. In those that are hospitals, what is your opinion at the present time as to doing away with them entirely? It is an emergency that has to be faced. It does not look at the present time like many of them can be used.

General LULL. I think the plans have been made in General Kirk's office of taking care of those.

General KIRK. We have submitted a plan to A. S. F. to meet this load that is coming out. We haven't been asleep about it.

We have just some places. You saw from these charts the types coming back. There are no spaces that we can scatter around through this country, this post here and that post there, and so on. We have got to bring the patients to the doctor. Now, our plan is this, sir, that we only make two more general hospitals, maybe take over two camps that are available to us and make over two general hospitals. We want to feed all those to the general hospitals. Then we want to take the barracks and put these convalescents into those barracks. Then, we have already asked for and obtained 20,000 spaces for convalescents where they leave the hospital entirely. Many can walk; maybe they are going back to duty; maybe they are going to civil life; maybe they have got to go back to the hospital for more surgery. But that is our plan to save beds, nurses, and doctors.

Mr. DURHAM. What is worrying me is the fact that, of course, these hospitals are equipped with the finest equipment which costs a good deal of money; of course, that can be used.

General KIRK. We are taking out that equipment to meet our requirements where we do not believe we are going to use those hospitals

again. Remember, these hospitals are built like barracks and when that was needed in the camp in the training period when the men were going over.

Mr. DURHAM. I just want to get to this: It looks to me at the present time that still facing an emergency as we are, that it is very foolish to go out and entirely abandon these temporary hospitals which could be used as hospitals.

General KIRK. We are not planning to do that except at isolated points. If we took over a camp that is now closed, all of it, we would not have enough doctors to go over there and serve the sick if we put the beds there. We have just got a limited number of doctors. I mean there are a lot of complicated things in this. There are not enough specialists. We sent 50 general hospitals to Europe without a specialist, and they have to use what they have over there to the best advantage.

There are other factors; training personnel to do the job; every doctor cannot fix up amputations; we have got to have shops to fit these limbs and they have got to go where those shops are, and we have to train enlisted men to fit those legs. We cannot hire them. So there are many factors that come in other than what the physical plant is in treating these men. I think we have the solution. Maybe we have not.

We also have another solution. One is to use these beds that you are speaking of that we have not considered in the original plan, and the other is the one I spoke about, to keep the patient-doctor relations as close as we can. We must not forget, if you are sick you like to have the same doctor looking at you and not a different one every 2 weeks. When we get that man whom we hope the same doctor who started to treat that fractured leg and he does not get an unknown doctor to finish treatment, that the same doctor fixes him up continues to watch him until he is discharged.

I think we need that set-up.

Mr. DURHAM. Right on that question, has this procedure of bringing back people increased your nurse requirements?

General KIRK. Oh, yes; we now have one nurse looking after 26 beds instead of 15 today, and that is why we have to have this legislation now, and not next June, to meet this load; if we do not, we are going to fail.

The CHAIRMAN. Mr. Johnson, do you have a question?

Mr. JOHNSON. Did you want to say something, General Lull?

General LULL. I want to clear up a query of Mr. Martin about the 4,000 inquiries. The Red Cross tell us the peak was reached on the 10th of January, and many of these nurses indicated when they filed that they do not intend to file the application unless the draft law is passed. They are just getting ready.

Mr. MARTIN. Thank you. That is very important.

The CHAIRMAN. All right, Mr. Johnson.

Mr. JOHNSON. General Lull, in making your plans you have to look ahead a number of months?

General LULL. Yes, sir.

Mr. JOHNSON. As to what your load is going to be?

General LULL. Yes, sir.

Mr. JOHNSON. Who makes those determinations as to what the wounded load will be?

General LULL. Well, these figures that we have were approved by the Joint Chiefs of Staff after a study by a number of groups who estimated, on past experience and a number of other things, just what our number of casualties would be.

Mr. JOHNSON. Well, how often do they revise their estimates?

General LULL. All the time.

Mr. JOHNSON. Every month?

General LULL. I should say at least every month.

Mr. JOHNSON. And would it be fair to say one was made in November 1944?

General LULL. Yes; that is right.

Mr. JOHNSON. And one in December?

General LULL. Yes; I guess you could safely say that.

Mr. JOHNSON. And then, there would be another one made in this month?

General LULL. Yes, sir; they are being revised at all times.

Mr. JOHNSON. Did the estimate made by the people that make it, estimate within any degree of accuracy the casualties that have occurred within the last 40 days?

General LULL. Well, I cannot answer that. I would not want to answer that because I cannot answer it definitely whether or not—I would say that they approximated it.

Mr. JOHNSON. In other words, in November, there was, as far as I could see by the papers, no anticipation of the terrific drive the Germans put on in December?

General LULL. Yes; of course, there are peaks all up and down. Our estimates have to be over a long-term pull.

Mr. JOHNSON. Yes; I suppose after the campaign, and the Sicilian campaign, you used the backlog of that to predict the future?

General LULL. Yes, sir; we used the last war to start with, then the experience in this war, then with north Africa—

Mr. JOHNSON. And then, in June, in the invasion, they used the experience obtained there, in crossing France. Whoever had to do with it, did they anticipate the terrific casualties that we had last month and also this month?

General LULL. Not to my knowledge.

Mr. JOHNSON. This is not being critical, I wanted to find out if they anticipated there would be anything like the casualties we sustained.

General LULL. No; and the same way going across France, they probably estimated more casualties.

Mr. JOHNSON. Well, what is the average, about the same then? Did they average off?

General KIRK. That is always on the target, but this is all based on experience; there was a study made in November and that is what this increased requirement is based on, as to the number of ships that were necessary to carry the wounded home, and we have experience, the number of wounded that have happened with a given number of men in action, and what we are coming up to now is a study that was made in November of these requirements. Now, at times it is going to be higher and at times lower.

Mr. JOHNSON. I realize that, but in November you made your estimate and at that time, is it fair to say that at that time you anticipated this critical situation because of the increased casualties?

General KIRK. Well, I cannot say that we did.

Mr. JOHNSON. Well, what I am wondering about is this, if you knew in November, why did we not have this bill in November, then, if we knew this was coming along? And this is not a critical attitude. I just want to find out the facts.

General KIRK. I cannot answer why the bill did not come sooner.

The CHAIRMAN. It is hard to draft women, and the President did not speak out until his annual message.

Mr. JOHNSON. But the President relied on the Medical Department, Mr. Chairman—

General KIRK. None of us wanted to draft nurses. It is the last thing we had intended until we saw it had to happen.

Mr. JOHNSON. The chart levels off there from practically normal and on down. Did the fact we crossed France so quickly and so easily with such small losses, did that lull you into security so you did not anticipate the terrific walloping we were going to get later in the year?

General KIRK. I am sure it lulled a lot of people into security.

Mr. JOHNSON. That includes your group, too, then?

General KIRK. I am not saying who, but we had figures and we figured what our requirements were going to be to meet this load.

Mr. JOHNSON. As I say, I am not here to criticize you. I just want to see if we can get what the facts are; how critical it is and whether it was anticipated.

Now you anticipate in looking into the future for 6 months that we are going to have some very serious situations that occurred last month and this month, that will place under your control a tremendous load of wounded men, do you?

General KIRK. We believe that we have it figured now and what we are asking for will meet the load.

Mr. JOHNSON. It will meet your load up to as far as you can look ahead reasonably?

General KIRK. Yes, sir; this is figured on the casualty rate of the total troops engaged and we have the figures of the number of troops they expect to engage and can engage.

Mr. JOHNSON. Well, let us ask this question: If you know, what is the unit number of wounded from the last big drive that the Germans made, was that ratio stepped up a lot higher than the ordinary ratio?

General KIRK. Well, from what the Secretary released yesterday, I think the wounded there amounted to about 40,000 in a month's period. I think that we have had casualty rates higher than that in the same period, sir.

Mr. JOHNSON. In one month?

General KIRK. Yes, sir.

Mr. JOHNSON. That is where smaller groups of men were involved, I presume?

General KIRK. It depends on the fighting. Our highest rate of casualties we have ever had was our breakthrough at St. Lo. They went back to the highest casualties of the last war. It depends on the type of fighting and number of troops engaged.

Mr. JOHNSON. Well, in other words, you think now, with this bill and your estimates, that you have correctly appraised the load you are going to have to take care of in the next 6 months?

General KIRK. Yes, sir; we believe it will meet it.

Mr. JOHNSON. That is all.

The CHAIRMAN. Mr. Sheridan, do you have a question?

Mr. SHERIDAN. Dr. Lull, you say the necessity of this bill is based upon a time element; is that right?

General LULL. Yes, sir.

Mr. SHERIDAN. You need how many nurses now, 18,000, approximately?

General LULL. For the Army; yes.

Mr. SHERIDAN. And if the bill should pass the House and the Senate, and the necessary set-up to selective service, and proclamation by the President, that all that would bring it around to about April, would it not?

General LULL. Probably would. Although I think the machinery could be set up very quickly.

Mr. SHERIDAN. Well, I mean it could not physically be done much before April.

General LULL. That is right, you have to have the registration, that is true.

Mr. SHERIDAN. And at the present time you have about 4,000 inquiries, so far this month in January?

General LULL. Yes. That has no bearing on how many we are going to get, only relative bearing, because, as I announced a few minutes ago, the Red Cross has been told many of these are simply inquiries or they want application blanks to have filled in so if the bill passes they will be sent in.

Mr. SHERIDAN. I mean we must use some measure.

General LULL. Yes; but that is only one figure.

Mr. SHERIDAN. So far this month from the 1st to the end of January, actually, as General Kirk has said, you have signed on the line, how many?

General LULL. Nine hundred from the 1st to the 12th.

Mr. SHERIDAN. So, would you say that a reasonable number would be—you do not know how many are actually in process either?

General LULL. No; I cannot.

Mr. SHERIDAN. Would you say a reasonable figure would be another 900 in process?

General LULL. I would say that would be reasonable.

Mr. SHERIDAN. I mean following the Army regulations of putting the applications through?

General LULL. Yes, sir.

Mr. SHERIDAN. How long does that take ordinarily, General, to run an application through, before you get them signed on the line and have them take their oath?

General LULL. It takes about 2 weeks.

Mr. SHERIDAN. About 2 weeks?

General LULL. Yes; however, the girl is allowed to state, for instance, if she signs up today and says, "I do not want to go to duty until the 15th of February because I have certain obligations I have to meet at home and I do not want to leave," why, then, her time of being called to active duty is set at the 15th of February.

Mr. SHERIDAN. So that that would be approximately 1,800 you would have, that you call within the Nursing Corps as of the 10th of January; 900 actually through and 900 in process?

General LULL. You mean the 10th of February. We cannot count the 900 in process until they get on duty. We cannot count them until then.

Mr. SHERIDAN. Well, on the basis of 900 processed through by the 10th of January, then by the 31st of January you ought to have approximately 2,700; is that right?

General LULL. I do not think so.

The CHAIRMAN. The 900 have not been processed yet?

General LULL. No; the 900, Mr. May, are already in; they are the number of nurses that were obtained from the 1st to the 12th of January. Now, I have no way of making a definite statement that we are going to obtain 900 more in the next 12 days, and then 900 more in the next 6 days. I have no way of knowing that.

Mr. SHERIDAN. What General Kirk has said is that you have an intensive recruiting campaign on now.

General LULL. That is right.

Mr. SHERIDAN. So it is reasonable to assume if 900 are processed because of the President's proclamation, that a reasonable number likewise will be obtained in January, so when you come up to April, you might have approximately the number you need without this legislation?

General LULL. Provided the recruiting kept up at the rate it went in the first 12 days of January.

Mr. SHERIDAN. Would it be possible for you to use any other method of recruiting, just for the Red Cross? Could you use the recruiting agencies of the United States Army?

General LULL. We are already using that.

Mr. SHERIDAN. You do?

General LULL. Yes. The nurse can apply direct to our office by telegram from any place in the United States.

Mr. SHERIDAN. I know you have asked over the radio to write in to the Surgeon General's office.

General LULL. Yes, sir.

Mr. SHERIDAN. How extensive has been the recruiting through the United States Army agencies? Take specifically Philadelphia, for instance?

Major GROPPE. We have a procurement nurse assigned to the Philadelphia area and she is authorized to interview the applicants to give them an application blank and to authorize the physical right at the time they are interviewed.

Mr. SHERIDAN. She is just a clerk to hand out applications and other matters. But I am talking about an extensive recruiting campaign in the Army recruiting offices throughout the Nation. It is my impression that none has been done, because I have contacted the Army recruiting offices of Philadelphia on many occasions and the WAC was across from my office and they had an extensive campaign there. Could not the Army Surgeon General's office use the same facilities for an extensive campaign?

Major GROPPE. We have at the present time a number of nurses in the population centers, where the population is dense, for that very purpose.

Mr. SHERIDAN. What have you in Philadelphia?

Major GROPPE. One nurse, a captain.

Mr. SHERIDAN. I am talking about the actual campaign in Philadelphia.

Major GROPPE. I may say, sir, that Pennsylvania has been one of our very best States in giving nurses to the armed forces.

Mr. SHERIDAN. I may say, Major, that is a nonresponsive answer. Will you please tell me what campaign for recruiting you have for the Army facilities at Second and Chester Streets?

General LULL. None whatever; our campaigns are a little different from the other recruiting.

Mr. PHILBIN. General Lull, to what extent are you using male nurses?

General LULL. Male nurses, we are using all we have. Now, we have units in the Southwest Pacific where there are no female nurses and those men are given technical ratings, and the male nurses go in with those units and we are using them in other places. I might add about the male nurses, there is a great shortage in civil life of male nurses because they do specific types of nursing; that is, with amputation cases and genito-urinary diseases.

Mr. PHILBIN. And I suppose in some cases in civil life those male nurses would have deferment?

General LULL. Yes; I have no doubt but what they have.

Mr. PHILBIN. So that you, wherever you can, on the battle fronts, in the areas adjacent to the battle fronts, you try to use male nurses?

General LULL. Yes.

Mr. PHILBIN. Would you have any idea of the number you now have in service?

General LULL. No; I tried to find out the number of male nurses in service, but the records give the category nurse which may mean he is a practical nurse, and it is very difficult to get at.

Now, I have some material collected here; as far as we can tell, 29 of these nurses have finished the Officer Candidates School; there are only between seven and eight thousand male nurses in the United States. Now, that takes in all age groups, all the way up; there are only about that many registered male nurses in the United States.

Mr. PHILBIN. Now, those 29, that you refer to now are holding commissions.

General LULL. They are holding commissions.

Mr. PHILBIN. But those are the only commissioned male nurses that you have in the Army?

General LULL. Yes; and I cannot give you the number who have been admitted.

Mr. PHILBIN. Have you made any effort to recruit male nurses throughout these various districts of the country?

General LULL. No; we have not.

Mr. PHILBIN. Now, I would like to have your opinion as to the hospital facilities. You have stated that you have taken these overall figures, and you have based the facilities that you have established up to this time on what you believe will be the needs during and after the war for hospital facilities?

General LULL. Yes.

Mr. PHILBIN. Now, in your opinion, do the existing facilities and the facilities that you have in this prospect for Army hospitals, take

care of the full needs, based on the prospective casualties during the war period?

General LULL. I think General Kirk could answer that question.

General KIRK. Yes, sir.

Mr. PHILBIN. You are not contemplating building any new hospitals at that time?

General KIRK. No, sir; just a slight conversion here and there.

Mr. PHILBIN. You feel you have enough hospitals ready for occupancy or under construction?

General KIRK. Yes, sir; there are certain conversions and things to be done in camps. We expect to have 50,000 convalescent places in our camps so the men will not take up beds—when we can take care of them with nurses and doctors to take care of them and fit them to go back to duty or civil life—after we have taken care of them in the hospitals.

Now, there is one thing I would like to bring before the committee. I know it is going to bother you. We had originally planned and hoped we could put each patient in the hospital nearest his home. That cannot be done any more. The hospitals are not quite in the right place to get every man near his home. We feel it is more essential to send that man to the hospital where he gets specialized care by a doctor who knows how to treat him than it is to have him in a hospital in his home city.

Mr. PHILBIN. You have specialized care in all of these institutions?

General KIRK. That is correct.

Mr. PHILBIN. And where possible you assign these boys near their home?

General KIRK. Wherever possible, but at present it cannot be done.

Mr. PHILBIN. But you have no doubt in your own mind that you have adequate facilities to take care of all the wounded and disabled from this war?

General KIRK. When the plan is implemented it will. Well, it is under study now.

Mr. PHILBIN. When do you expect the plan to be implemented?

General KIRK. We hope it will be within the next month or so and we expect to have the solution. It may go a bit above 30,000 and it may go below. That is the best we can figure on at the present time.

Another question is how much shipping we have to bring them home.

Mr. PHILBIN. Ultimately you would keep some of these cases in the Army hospitals or are you planning turning them over to the Veterans?

General KIRK. Only types mentioned; psychotics and tuberculosis, and the man who has to have hospital care indefinitely who cannot be made physically fit to go back home. That is our plan and we are working on that.

Mr. PHILBIN. You do not provide for a permanent care of the war disabled in the hospitals?

General KIRK. No; that is the Veterans program as we understand it.

Mr. PHILBIN. Thank you.

Mr. JOHNSON. Could I ask just one question, please?

The CHAIRMAN. All right, Mr. Johnson.

Mr. JOHNSON. You figured that the most important and most beneficial feature of this bill would be that we would have a registration of every registered nurse in the country.

General LULL. That is really one of the beneficial things about the bill, that we will have a registration of all the registered nurses in the United States.

Mr. JOHNSON. Containing address, experience, age, and everything?

General LULL. Yes, sir.

The CHAIRMAN. The Chair will, at a later date, announce a definite date for holding these hearings at which we will have here others who want to be heard.

The committee will now be in recess until 2 o'clock when it will meet to consider other matters.

(Whereupon, at 12:30 p. m., the committee adjourned to reconvene at the call of the chair.)

PROCUREMENT OF NURSES

TUESDAY, FEBRUARY 6, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met at 10:30 a. m., pursuant to call, Hon. Robert E. Thomason (chairman) presiding.

Mr. THOMASON. The committee will be in order, please. The chairman is unavoidably absent today and has asked me to preside over the hearings on H. R. 1284, to insure adequate medical care for the armed forces.

I may say that the witnesses were scheduled for appearance today at the invitation of the chairman of the committee and the assistance of the clerk of the committee and they are: Dr. Thomas Parran, Surgeon General, Public Health Service; Admiral W. J. C. Agnew, Assistant Surgeon General, Navy Department; Capt. Sue Dauser, Director, Navy Nurse Corps; Miss Virginia Dunbar, Red Cross Nursing Service; and Dr. Donald C. Smelzer, president, American Hospital Association.

It is not the purpose or intention of the committee to conclude the hearings today. For the information of interested parties I might say that everybody will have an opportunity to be heard if they have something worth while to contribute. I hope that we may be able to proceed with dispatch as to these witnesses because I understand that one or two are from out of the city and would like to get away on the afternoon train. There will, however, be no session of the committee this afternoon because there is a controversial bill to come up about 12:30 or 1 o'clock on the floor of the House; but I do hope we will be able to run a little past 12 o'clock if that is the will of the committee.

Doctor Parran, will you please come around?

(The committee had under consideration H. R. 1284 and H. R. 1666, which are as follows:)

[H. R. 1284, 79th Cong., 1st sess.]

A BILL To insure adequate medical care for the armed forces

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Congress hereby declares that to provide adequate medical care for the armed forces of the United States it is imperative to secure immediately the services of additional trained and skilled women nurses.

SEC. 2. Every woman residing in the United States who, on or after the effective date of this Act, shall have reached the eighteenth anniversary of her birth but shall not have passed the forty-fifth anniversary of her birth and who shall have been or shall become registered for and admitted to the practice of nursing by any State, Territory, or possession of the United States or by the District of Columbia is hereby made subject to registration and selection for and induction into the land and naval forces of the United States under the Selective Training and Service Act of 1940, as amended. Such registration, selection, and induction shall proceed in accordance with the same procedures and be subject to the same exemptions, rights, and obligations provided for male registrants by said Act and regulations thereunder.

SEC. 3. Any such registrant inducted into the land or naval forces shall be assigned only to medical duty in which her professional skills and training will be used in accordance with military requirements.

SEC. 4. The President is hereby authorized and directed to prescribe such regulations as may be necessary to carry out the provisions of this Act.

SEC. 5. This Act shall not affect the voluntary recruitment of qualified women for the Army or Navy Nurse Corps or the appointment of members of such corps as officers in the Army or Navy as now provided by law.

[H. R. 1666, 79th Cong., 1st sess.]

A BILL To provide for the registration, selection, and induction of certain female persons for service in and with the armed forces of the United States

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

DECLARATION OF POLICY AND INTENT OF CONGRESS

SECTION 1. (a) The Congress hereby declares that it is imperative, in order to provide adequate medical and nursing care for the armed forces in the successful prosecution of the war, to increase the personnel of the armed forces of the United States by the selection and induction of qualified graduate female nurses.

(b) The Congress further declares that in a free system the obligations and privileges of service in and with the armed forces should be shared generally in accordance with a fair and just system of selection for service but that the necessity for the complete utilization of specialized schooling and training makes it imperative that the obligations for service be and are from time to time settled upon one or more occupational groups.

REGISTRATION IN GENERAL

SEC. 2. For the reasons of policy hereinabove enumerated and except as otherwise provided in this Act, it shall be the duty of every female citizen of the United States and of any other female person residing in the United States who on the day or days fixed for the first or any subsequent registration is between the ages of twenty and forty-five and who is a graduate of a hospital training school having a course of instruction of not less than two years to present herself for and submit to registration at such time or times and place or places and in such manner and in such age group or groups as shall be determined by rules and regulations prescribed hereunder.

SERVICE IN GENERAL

Sec. 3. (a) Except as otherwise provided in this Act, every female citizen of the United States and every other female person residing in the United States who is between the ages of twenty and forty-five at the time fixed for her registration and who is a graduate of a hospital training school having a course of instruction of not less than two years shall be liable for service in the land or naval forces of the United States: *Provided*, That any citizen or subject of a neutral country shall be relieved from liability for service under this Act if prior to her induction into the land or naval forces she has made application to be relieved from such liability in a manner prescribed by and in accordance with rules and regulations prescribed by the President; but any person who makes such application shall thereafter be debarred from becoming a citizen of the United States: *Provided further*, That no citizen or subject of any country who has been or who may hereafter be proclaimed by the President to be an alien enemy of the United States shall be inducted for service under this Act unless she is acceptable to the land or naval forces. The President is authorized from time to time during the continuance of the present war and for six months thereafter to select and induct into the land and naval forces of the United States for service in the manner provided in this Act such number of graduate nurses as in his judgment is required in the national interest: *Provided further*, That within the limits established by the President in the light of information at his disposal regarding the availability of graduate nurses for the subdivision in which she resides, any graduate nurse, regardless of race or color, between the ages of twenty and forty-five shall be afforded an opportunity to volunteer for induction into the land or naval forces of the United States for the service prescribed in subsection (b) of this section but no person who so volunteers shall be inducted for service so long as she is

deferred after classification: *Provided further*, That no graduate nurse shall be induced for service under this Act unless and until she is acceptable to the land or naval forces for such service and her physical and mental fitness and professional qualification for such service have been satisfactorily determined: *Provided further*, That no female persons shall be inducted for such service until adequate provision shall have been made for such shelter, sanitary facilities, water supplies, heating and lighting arrangements, medical care, and hospital accommodations, for such female persons, as may be determined by the Secretary of War or the Secretary of the Navy, as the case may be, to be essential to public and personal health: *And provided further*, That no female person, without her consent, shall be inducted for service under this Act after she has attained the forty-fifth anniversary of the day of her birth.

(b) Each female person inducted under the provisions of subsection (a) shall serve for the duration of the present war and for six months thereafter unless sooner discharged.

(c) Each person accepted by and inducted into the armed forces of the United States under the provisions of this Act shall, if inducted into the Army of the United States, be commissioned in the Army of the United States at a grade not lower than that of second lieutenant, and if inducted into the United States Navy shall be commissioned in the United States Naval Reserve (or appointed to a relative rank in the Navy Nurse Corps) at a grade not lower than that of ensign.

(d) The provisions of Public Law 346, Seventy-eighth Congress (title I, ch. I, sec. 102), permitting the transfer or detail of any commissioned, appointed, or enlisted personnel from the armed forces to the Veterans' Administration subject to agreements between the Secretary of War or the Secretary of the Navy and Administrator of Veterans' Affairs, shall be applicable to all persons inducted under this Act.

(e) During the period of service of female persons inducted for service under this Act and thereafter upon termination of such service, there shall be paid, allowed, and extended the same pay, allowances, pensions, disability and death compensation, and all other rights, privileges, and benefits as are provided by law in the case of other members and former members of the land or naval forces of like grades and length of service of that component of the land or naval forces to which they are assigned.

(f) Nothing contained in this or any other Act shall be construed as forbidding the payment of compensation by any person, firm, or corporation to persons inducted into the land or naval forces of the United States for service under this Act who, prior to their induction, were receiving compensation from such person, firm, or corporation.

ADMINISTRATION

SEC. 4. The selection of female persons for induction and service under the provisions of section 3 shall be made in an impartial manner and under such rules and regulations as the President may prescribe from the female persons who are liable for such service and who at the time of selection are registered and classified but not deferred or exempted: *Provided*, That in the selection and induction of persons under this Act and in the interpretation and execution of the provisions of this Act there shall be no discrimination against any person on account of race or color: *Provided further*, That in the classification of registrants under this Act within the jurisdiction of any local board, the registrants of any particular registration may be classified in the manner prescribed by and in accordance with rules and regulations prescribed by the President before, together with, or after the registrants of any prior registration or registrations; and in the selection for induction of any person within the jurisdiction of any local board and within any particular classification, persons who were registered at any particular registration may be selected in the manner prescribed by and in accordance with rules and regulations prescribed by the President before, together with, or after persons who were registered at any prior registration or registrations.

DEFERMENT, EXEMPTION, AND RELEASE FROM SERVICE

SEC. 5. (a) Any female person described in section 2 while a member of the land or naval forces or any reserve component thereof; and diplomatic representatives, technical attachés of foreign embassies and legations, consuls general, consuls, vice consuls, and consular agents of foreign countries, and persons in other categories to be specified by the President, residing in the United States who are not citizens of the United States, and who have not declared their intention to become citizens of the United States, shall not be required to be registered under section 2 and shall be relieved from liability for service under section 3.

(b) (1) The Vice President of the United States, the Governors, and all other State officials chosen by the voters of the entire State, of the several States and Territories, members of the legislative bodies of the United States and of the several States and Territories, judges of the courts of record of the United States and of the Several States and Territories and the District of Columbia, shall, while holding such offices, be deferred from training and service under this Act in the land and naval forces of the United States.

(2) The President is authorized, under such rules and regulations as he may prescribe, to provide for the deferment from training and service under this Act in the land and naval forces of the United States, of any person holding an office (other than an office described in paragraph (1) of this subsection) under the United States or any State, Territory, or the District of Columbia, whose continued service in such office is found in accordance with section 7 (b) to be necessary to the maintenance of the public health, safety, or interest.

(c) Regular or duly ordained ministers of religion and students who are preparing for the ministry in theological or divinity schools recognized as such for more than one year prior to the date of enactment of this Act, shall be exempt from service (but not from registration) under this Act.

(d) (1) The President is authorized, under such rules and regulations as he may prescribe, to provide for the deferment from service under this Act in the land and naval forces of the United States of any or all categories of those female persons whose employment in industry, agriculture, or other occupations or employment, or whose activity in other endeavors, is found in accordance with section 7 (b) to be necessary to the maintenance of the national health, safety, or interest. The President is also authorized, under such rules and regulations as he may prescribe, to provide for the deferment from training and service under this Act in the land and naval forces of the United States (A) of any or all categories of those female persons in a status with respect to persons dependent upon them for support which renders their deferment advisable, and (B) of any or all categories of those female persons found to be physically, mentally, or morally deficient or defective. The President is also authorized, under such rules and regulations as he may prescribe, to provide for the deferment from service under this Act in the land and naval forces of the United States of any or all categories of those female persons who have husbands or children, or husbands and children, with whom they maintain a bona fide family relationship in their homes. No deferment from such service shall be made in the case of any individual except upon the basis of the status of such individual, and no such deferment shall be made of individuals by occupational groups or of groups of individuals in any plant or institution. Rules and regulations issued pursuant to this subsection shall include provisions requiring that there be posted in a conspicuous place at the office of each local board a list setting forth the names and classifications of those female persons who have been classified by such local board.

(2) Anything in this Act to the contrary notwithstanding, the President is authorized under such rules and regulations as he may prescribe, to provide for the deferment, by age group or groups, from service under this Act in the land and naval forces of the United States, of those female persons whose age or ages are such that he finds their deferment to be advisable in the national interest: *Provided*, That the President may, upon finding that it is in the national interest, terminate the deferment by age group or groups of any or all of the female persons so deferred.

(e) Nothing contained in this Act shall be construed to require any person to be subject to service in the land or naval forces of the United States who, by reason of religious training and belief is conscientiously opposed to participation in war in any form. Any such person claiming such exemption from all service because of such conscientious objections whose claim is sustained by the local board shall, in lieu of induction into the land or naval forces, be assigned to work of national importance under civilian direction. Any such person claiming such exemption from all service because of such conscientious objections shall, if such claim is not sustained by the local board, be entitled to an appeal to the appropriate appeal board provided for in section 7 (b). Upon the filing of such appeal with the appeal board, the appeal board shall forthwith refer the matter to the Department of Justice for inquiry and hearing by the Department or the proper agency thereof. After appropriate inquiry by such agency, a hearing shall be held by the Department of Justice with respect to the character and good faith of the objections of the person concerned, and such person shall be notified of the time and place of such hearing. The Department shall, after such hearing, if the objections are found to be sustained, recommend to the appeal board that she shall in lieu of induction be assigned to work of national importance under civilian direction.

If after such hearing the Department finds that her objections are not sustained, it shall recommend to the appeal board that such objections be not sustained. The appeal board shall give consideration to but shall not be bound to follow the recommendation of the Department of Justice together with the record on appeal from the local board in making its decision. Each person whose claim for exemption from all service because of conscientious objections is sustained shall be listed by the local board on a register of conscientious objectors.

(f) No exemption from registration or exemption or deferment from service under this Act shall continue after the cause therefor ceases to exist.

BOUNTIES; SUBSTITUTES; PURCHASES OF RELEASE

SEC. 6. No bounty shall be paid to induce any female person to enlist in or be inducted into the land or naval forces of the United States: *Provided*, That the clothing or enlistment allowances authorized by law shall not be regarded as bounties within the meaning of this section. No female person liable for service in such forces shall be permitted or allowed to furnish a substitute for such service; no substitute as such shall be received, enlisted, enrolled, or inducted into the land or naval forces of the United States; and no person liable for service in such forces under section 3 shall be permitted to escape such service or be discharged therefrom prior to the expiration of her period of such service by the payment of money or any other valuable thing whatsoever as consideration for her release from such service or liability therefor.

RULES AND REGULATIONS

SEC. 7. (a) The President is authorized—

(1) to prescribe the necessary rules and regulations to carry out the provisions of this Act and shall provide for the classification of registrants and of persons who volunteer for induction under this Act on the basis of availability for training and service;

(2) to administer the provisions of this Act through the Selective Service System;

(3) to utilize the services of any or all departments and any and all officers or agents of the United States and to accept the services of all officers and agents of the several States, Territories, and the District of Columbia and subdivisions thereof in the execution of this Act; and

(4) to prescribe eligibility, rules, and regulations governing the parole for service in the land or naval forces, or for any other special service established pursuant to this Act, of any person convicted of a violation of any of the provisions of this Act.

(b) The local boards of the Selective Service System, under the rules and regulations prescribed by the President, shall have power within their respective jurisdictions to hear and determine, subject to the right of appeal to the appeal boards of the Selective Service System, all questions or claims with respect to inclusion for, or exemption or deferment from, service under this Act of all individuals within the jurisdiction of such local boards. The decisions of such local boards shall be final except where an appeal is authorized and is taken in accordance with such rules and regulations as the President may prescribe. The decision of such appeal boards shall be final in cases before them on appeal unless modified or changed by the President. The President, upon appeal or upon his own motion, shall have power to determine all claims or questions with respect to inclusion for, or exemption or deferment from, service under this Act, and the determination of the President shall be final.

(c) No person who is an officer, member, agent, or employee of the Selective Service System, or of any such local or appeal board or other agency, shall be excepted from registration, or deferred from training and service, as provided for in this Act, by reason of his status as such officer, member, agent, or employee.

(d) Any officer on the active or retired list of the Army, Navy, Marine Corps, or Coast Guard, or of any reserve component thereof or any officer or employee of any department or agency of the United States, who may be assigned or detailed to any office or position to carry out the provisions of this Act (except to offices or positions on local boards or appeal boards of the Selective Service System) may serve in and perform the functions of such office or position without loss of or prejudice to his status as such officer in the Army, Navy, Marine Corps, or Coast Guard or reserve component thereof, or as such officer or employee in any department or agency of the United States: *Provided*, That any person so

appointed, assigned, or detailed to a position the compensation in respect of which is at a rate in excess of \$5,000 per annum, shall be appointed, assigned, or detailed by and with the advice and consent of the Senate.

(e) The President is authorized to delegate to the Director of Selective Service only, any authority vested in him under this Act. The Director of Selective Service may delegate and provide for the delegation of any authority so delegated to him by the President and any other authority vested in him under this Act, to such officers, agents, or persons as he may designate or appoint for such purpose or as may be designated or appointed for such purpose pursuant to such rules and regulations as he may prescribe.

(f) In the administration of this Act voluntary services may be accepted. Correspondence necessary in the execution of this Act may be carried in official penalty envelopes.

(g) The Chief of Finance, United States Army, is hereby designated, empowered, and directed to act as the fiscal, disbursing, and accounting agent of the Director of Selective Service in carrying out the provisions of this Act.

PENALTIES

SEC. 8. Any person charged as herein provided with the duty of carrying out any of the provisions of this Act, or the rules or regulations made or directions given thereunder, who shall knowingly fail or neglect to perform such duty, and any person charged with such duty, or having and exercising any authority under said Act, rules, regulations, or directions who shall knowingly make, or be a party to the making, of any false, improper, or incorrect registration, classification, physical or mental examination, deferment, induction, enrollment, or muster, and any person who shall knowingly make, or be a party to the making of, any false statement or certificate as to the fitness or unfitness or liability or non-liability of himself or any other person for service under the provisions of this Act, or rules, regulations, or directions made pursuant thereto, or who otherwise evades registration or service in the land or naval forces or any of the requirements of this Act, or who knowingly counsels, aids, or abets another to evade registration or service in the land or naval forces or any of the requirements of this Act, or of said rules, regulations, or directions, or who in any manner shall knowingly fail or neglect to perform any duty required of him under or in the execution of this Act, or rules or regulations made pursuant to this Act, or any person or persons who shall knowingly hinder or interfere in any way by force or violence with the administration of this Act or the rules or regulations made pursuant thereto, or conspire to do so, shall, upon conviction in the district court of the United States having jurisdiction thereof, be punished by imprisonment for not more than five years or a fine of not more than \$10,000, or by both such fine and imprisonment, or if subject to military or naval law may be tried by court martial, and, on conviction, shall suffer such punishment as a court martial may direct. No person shall be tried by any military or naval court martial in any case arising under this Act unless such person has been actually inducted for the service prescribed under this Act or unless he is subject to trial by court martial under laws in force prior to the enactment of this Act. Precedence shall be given by courts to the trial of cases arising under this Act.

NOTICE OF ACT, PARTIAL INVALIDITY AND VOLUNTARY ENLISTMENT

SEC. 9. (a) Every person shall be deemed to have notice of the requirements of this Act upon publication by the President of a proclamation or other public notice fixing a time for any registration under section 2.

(b) If any provision of this Act or the application thereof to any person or circumstance is held invalid, the remainder of the Act and the application of such provision to other persons or circumstances shall not be affected thereby.

(c) Nothing contained in this Act shall be construed to repeal, amend, or suspend the laws now in force authorizing voluntary enlistment in the land or naval forces of the United States, including the reserve components thereof.

DEFINITIONS

SEC. 10. When used in this Act:

(a) The term "between the ages of twenty and forty-five" shall refer to female persons who have attained the twentieth anniversary of the day of their birth and who have not attained the forty-fifth anniversary of the day of their birth;

and other terms designating different age groups shall be construed in a similar manner.

(b) The term "United States," when used in a geographical sense, shall be deemed to mean the several States, the District of Columbia, Alaska, Hawaii, Puerto Rico, and the Virgin Islands.

(c) The terms "land or naval forces" and "land and naval forces" shall be deemed to include aviation units of such forces.

(d) The term "district court of the United States" shall be deemed to include the courts of the United States for the Territories and the possessions of the United States.

SUSPENSION OF CONFLICTING LAWS; DURATION OF ACT; AUTHORITY FOR APPROPRIATION

SEC. 11. (a) Except as provided in this Act, all laws and parts of laws in conflict with the provisions of this Act are hereby suspended to the extent of such conflict for the period in which this Act shall be in force.

(b) All the provisions of this Act, except the provisions of section 3 (e), shall become inoperative and cease to apply on and after six months after the termination of the present war, except as to offenses committed prior to such date, unless this Act is continued in effect by the Congress.

(c) Funds now and hereafter appropriated for the administration of the Selective Service System shall be available for the administration of all the provisions of this Act.

EFFECTIVE DATE

SEC. 12. This Act shall take effect immediately.

STATEMENT OF DR. THOMAS PARRAN, SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE

Mr. THOMASON. You are Dr. Thomas Parran, Surgeon General of the United States Public Health Service?

Dr. PARRAN. Yes, sir.

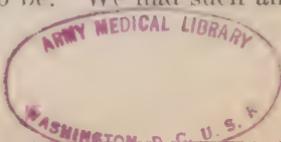
Mr. THOMASON. You can proceed to make your own statement and then the committee may wish to cross-examine you some.

Dr. PARRAN. I appear in support of the purposes of H. R. 1284 and of H. R. 1666. Later in my testimony I shall make suggestions for additional legislation which I believe would solve more effectively the total national nursing problem.

With your permission I should like to discuss minimum nursing service for the civilian population, its relationship to military needs, and the contribution which the United States Cadet Nurse Corps is making toward both military and civilian requirements for nurses.

It is imperative that the needs of our armed forces for nurses be met. The record as presented by Surgeon General Kirk indicates that these needs will not be met promptly through the voluntary methods of recruitment heretofore used. Moreover, there is no assurance that the spectacular increase in enlistments precipitated by the President's message and by the hearings before this committee will continue if these bills are pigeonholed. It is unrealistic to anticipate sufficient volunteers to meet the Army's present and future requirements for graduate nurses. The needs of the military are bound to continue beyond the close of the war. The number of wounded needing care is cumulative. It will not reach its peak until the fighting stops.

We must take into consideration, also, the fact that as the war progresses toward victory public psychology will assume that peace is closer at hand than it actually may prove to be. We had such an



experience last autumn. In fact, the current nurse shortage is due largely to that peace psychology. It is for these reasons that I favor applying the selective service principle to graduate nurses up to the age of 45. I am convinced that this is the only way to meet the military needs as quickly as they must be met.

There are those who say that this bill is discriminatory in singling out this one profession for selective service. On the contrary I feel that it gives merited recognition to the essentiality of the profession of nursing. You should recall that for many years no woman was entitled to a commission in the armed forces of the United States except that she be a nurse. A draft of nurses is further evidence of the vital part nursing plays in the national health picture.

The Public Health Service, working with the hospital and nursing associations, has been actively concerned with the total wartime nursing problem since 1941. In the fiscal years 1941-43, Congress appropriated \$5,300,000 to be allotted to nurse training schools as incentive payments to increase student nurse enrollments. In the spring of 1943 it became apparent that the limited measures were insufficient to meet the demands of total war. After extensive hearings the Bolton Nurse Training Act was passed. The provisions of this act were designed by all national nursing and hospital groups who were agreed that this was the only practical way of meeting the total situation. Under the provisions of the Bolton Act the United States Cadet Nurse Corps was organized. The purpose of the act is to furnish an adequate supply of nurses for the armed forces, governmental and civilian hospitals, health agencies and war industries. Consideration at that time was given to establishing a program exclusively for the armed forces. It was decided, and I think wisely decided, that one unified training program should be undertaken to meet both the military and civilian needs. The Bolton Act became effective July 1, 1943. Under its terms grants of Federal funds are made to schools of nursing meeting provisions of the act. The more important provisions are:

1. That the school will give an accelerated program of training (24 to 30 months instead of 36 months).
2. That students admitted to the corps pledge to "engage in essential nursing, military or civilian, for the duration of the war."
3. That in return for the moral obligation which the student nurse assumes the Government pays all reasonable tuition, fees, and other training costs, and provides a small stipend and a distinctive uniform.

The United States Cadet Nurse Corps has been highly successful—in fact, it has been recognized as the most successful recruitment effort of the war. More than 1,100 out of a total of 1,300 nurse training schools are participating. A quota of new admissions to all schools was set at 65,000 for the first fiscal year. The actual number of admissions was 65,521 (see table I). The quota set for the current fiscal year is 60,000 and for next year the same. The total corps membership of first-, second-, and third-year students on January 1, 1945, was 105,000. It should be emphasized that these quotas do not represent the full needs of the country for nursing service. They do represent, however, the maximum training capacity of the nurse training institutions. The numbers being trained should meet our most urgent needs for nurses.

It should be pointed out that since many schools could not accelerate their training programs for older students and that since most of these students had already paid their tuitions, only a small proportion of students approaching graduation at that time joined the corps. As a result, during the first fiscal year, there were only 1,206 graduates of the corps, and during the current fiscal year there will be 9,165. The number will increase sharply as follows:

Fiscal year 1945-46	25, 166
Fiscal year 1946-47	35, 579

These data are set forth in the attached table II.

One important feature of the Cadet Nurse Corps is that all required clinical experience, laboratory and classroom instruction must have been completed under an accelerated program within a period of not more than 30 months. This makes the student available as a senior cadet for full-time nursing service during her last 6 months before graduation. She performs hospital nursing service comparable to that of a graduate nurse. You are all aware, I know, of the many State regulations which require 36 months' training before a student nurse may graduate and take the examination to become a registered nurse.

In table III there is given the number of senior cadet nurses who will become available for each fiscal year. The Bolton Act provides that senior cadets may apply for service in Army, Navy, and other Federal hospitals in this country. From April 1944, the first date senior cadets became available, until January 1, 1945, the total number of senior cadet nurses was 8,556. The U. S. Civil Service Commission, clearing agency for the Federal services, reported 10,168 applications during that same period. Some of these applicants will not be available for active duty until the first months of 1945. The number of available senior cadets will be doubled and trebled during the current and next fiscal years, as is shown by table III. (I shall present later information concerning the number and proportion of graduates of the Cadet Nurse Corps who have applied for military service.)

The single most important and immediate function of the Cadet Nurse Corps has been the replacement of graduate nurses in civilian hospitals, which makes it possible for greater numbers of graduates to go into the military. Even in 1943, before the great increase in student enrollment, student nurses were giving two-thirds of all the nursing care in civilian hospitals operating training schools (Public Health Reports, vol. 60, No. 4).

Our best estimates are that students now are giving 80 percent of the nursing care in their associated hospitals. It is not possible now to accelerate further professional nursing courses because such a step would decrease the present contribution of student service and in most cases would produce nurses not qualified to apply for State registration.

By replacing graduate nurses who already have gone into the military, the United States Cadet Nurse Corps has prevented a collapse of nursing care in civilian hospitals. Moreover, the increasing number of graduates constitutes a reservoir of nurse power which if effectively distributed would in my opinion meet both the military and minimum civilian needs.

The nurse training program I have described represents a substantial investment of Federal funds—\$63,000,000 during the current

fiscal year. In my opinion the country has received and increasingly will receive substantial returns on this investment. We cannot measure what the loss to the country would have been if civilian nursing service had collapsed, any more than we could measure the cost of failure on the Normandy beachheads. We can, however, recognize the practical contribution already made by the thousands of loyal and tireless members of the U. S. Cadet Nurse Corps. They have made it possible to release many more graduates to the armed forces as senior cadets. They have given service comparable to graduates in the five Federal services, largest of which is the Army. Admissions to schools of nursing in 1944 constituted the largest class in history—76 percent more than in 1940, the last year prior to Federal aid to nurses' education.

Cadet nurses have been criticized because not all of them have applied for military service. I would recall to your minds that the law as passed by the Congress does not impose that obligation upon them. Of the approximately 10,500 nurses who have graduated from the Cadet Nurse Corps during its first 18 months' existence ending January 1, 1945, 40 percent have applied or have actually been accepted by the military services and this record was made during the time when the public believed the war about to end. It does not include the peak enlistment period since January 1, 1945. They have responded for military duty in much greater proportion than have their classmates who were not in the corps. To be specific, there were graduated from nurse training schools last year some 29,000 nurses. If 40 percent of this total number had entered the armed services the Army's 1944 quota of 10,000 additional nurses would have been exceeded at the time the President made his recommendation.

While the intent of H. R. 1284 and H. R. 1666 is clear I would venture to suggest consideration of certain amendments:

1. The law should apply not only to all registered nurses but to all nurses who have graduated or hereafter shall graduate from a school of nursing, the graduates of which are eligible to be examined for registration as nurses in the State in which the school is located.

2. In my opinion we should apply to the nursing profession the true principles of selective service, military and civilian. Unless this be done there are many nurses with special training for essential key positions in public health, in nursing schools, and in other essential civilian tasks who will desert their positions.

3. There should be applied to the voluntary enlistment of nurses the same controls as were found necessary in the case of men seeking to enlist. To accomplish this purpose consideration should be given to applying standards and utilizing mechanisms which have operated so successfully in the case of physicians, dentists, veterinarians, and sanitary engineers.

4. The legislation should assure that commissions are granted to all qualified nurses accepted by the military.

If nurses were to be removed or were to desert suddenly from key posts our entire nurse structure would collapse.

Hospitals today are caring for the largest number of patients in their history in spite of the fact that we have no widespread epidemics. While some nurses can be withdrawn from hospital service, there is no large reservoir in this group. The Army should not

accept nurses who are occupying positions which are really essential. There are two groups of nurses in particular where a great damage may be done. Public-health departments and visiting-nurse associations employ approximately 21,000 nurses. None of them are overstaffed. In fact this figure represents 20 to 30 percent vacancies. Public-health nurses constitute the largest single group among all health-department employees. Without nurses health departments cannot operate. Visiting nurses must care for many more sick patients in their homes because hospitals are overloaded.

The nurse-training schools, as I have indicated, are training an unprecedented number of nurses. Losses of teaching staffs to the military have been severe during the past 3 years. We must continue, therefore, to supply a minimum number of graduates with minimum special preparation to fill key positions vacated in staffs of public health agencies and schools of nursing.

As the war progresses the major civilian health problems are still ahead of us. We shall see the cumulative effects of fatigue, long hours of work, worry, anxiety, and grief. In other words, there is bound to be a lower level of civilian health and greater susceptibility to disease. We have been fortunate up to now in not having had any serious epidemics. It is well within the realm of possibility that we may have a repetition of the 1918 influenza pandemic before this war is over. If this or any other disaster were to occur, there would be no time to pass a law which would mobilize nurse power where needed. Again I am thinking of the situation created by the Ohio River flood in 1937 when it was necessary to mobilize doctors, nurses, and other personnel to meet the critical health and medical-care problems created thereby.

I should like to emphasize this point, Mr. Chairman; it seems to me to be a sound principle that nurses who are not selected for military duty should be required at least to utilize their skills in the tasks which will contribute best to safeguarding the Nation's health. It would be unfair to the nurses selected for military service to allow their classmates to stay at home in nonessential positions. We still have too much luxury nursing service. I know of rich families who insist upon and secure a nurse on each of three shifts a day to care for illness which is not serious, while in the same hospital ward patients are suffering from the lack of nursing care. Studies by the Public Health Service show that private patients in hospitals receive 50 percent more nursing care than semi-private and ward patients. Other nurses are occupying positions largely clerical in nature. Some families are utilizing the skill of a graduate nurse for the constant care of their children. Private duty nursing often is more profitable than more essential nursing positions.

The one most substantial source of nursepower is the private duty group, many of whom are performing nonessential tasks. In fact, in my opinion, almost every private duty nurse eligible for military service can be spared, and those not eligible for military duty should go into truly essential work. Our estimates as of June 1944 show there were approximately 60,500 nurses doing private duty. This is an increase over estimates for previous years.

I repeat, we should have a real selective service under which each nurse would be required to contribute in proportion to her skill on the military or essential civilian front.

Should the Army be forced to recruit its quota indiscriminately, irreparable damage will be done to the entire nursing service structure, to the civilian front and, sooner than you think, to the military as well.

The Public Health Service is concerned with any situation which threatens the national health. We must face the fact that even if current military quotas were filled by selective service there still would be no effective control over the remaining nursepower of the country. In proportion to military vacancies this will represent a very large number of nurses. It is important, therefore, that they be used, and that some mechanism other than threat of a draft be set up to insure that these remaining nurses are used most effectively—that they move from nonessential to essential work.

It is for these reasons that I recommend the selective-service principle for professional nurses to include minimum civilian as well as total military needs. This is total war. We must mobilize fully to guard against collapse on any front, military or civilian.

Military needs already have drained the medical manpower of the country to the danger point. In many communities the lack of medical care is serious. Insofar as their training permits nurses are doing many tasks formerly done by doctors. In many other instances they are the only available and next best substitute for the doctor. We have heard gripping stories of the valiant service being rendered by our nurses at the battlefronts. In many hospitals and public health agencies at home, too, they are working beyond the limit of continued human endurance. Their work would not be too heavy if it were shared evenly. Today there is a greater number of American wounded to be cared for than in any previous war. Today there is a greater number of civilian patients in hospitals than ever before. The national health and safety demands that our limited nursing skills be budgeted wisely so that our sick and injured may have the best opportunity for life and health.

Mr. THOMASON. Does that complete your statement?

Dr. PARRAN. It completes my statement, Mr. Chairman.

I should like to submit the following tables I, II, and III for the record in connection with my testimony.

(The tables referred to are as follows:)

TABLE I.—*New students admitted to schools of nursing*

[First-year enrollees]

Year (July 1-June 30)	Total ad- missions	Cadets		Noncadets	
		Number	Percent	Number	Percent
1934-35	30,000	—	—	30,000	100
1939-40	37,500	—	—	37,500	100
1943-44	65,521	50,827	77.6	14,694	22.4
1944-45 (first 6 months)	38,495	33,737	87.6	4,758	12.4

TABLE II.—*Graduations from schools of nursing*

Year (July 1-June 30)	Total gradations	Cadets		Noncadets	
		Number	Percent	Number	Percent
1934-35	19,000			19,000	100
1939-40	23,000			23,000	100
1943-44	28,000	1,206	4.3	26,794	95.7
1944-45	30,000	9,165	30.6	20,835	69.4
1945-46	36,966	25,166	68.1	11,800	31.9
1946-47	45,865	35,579	77.6	10,286	22.4

TABLE III.—*Number of senior cadets*¹

1934-44	10,562
1944-45	24,821
1945-46	32,606
1946-47	58,426

¹ The senior cadet period embraces the last 6 months of training.

Mr. THOMASON. As I understand it then you think legislation of this kind is not only advisable but necessary in order to meet our present military situation?

Dr. PARRAN. That is my opinion, sir.

Mr. THOMASON. It is also your opinion that this is the only way that an adequate number of nurses can be obtained to take care of our wounded men in the Army and Navy?

Dr. PARRAN. I believe that the true principle of selective service applying both to military and civilian is the only practicable way by which these two needs can be met.

Mr. THOMASON. But leaving out the question of any civilian needs you are certain that some legislation of this character must be had if we are to obtain nurses necessary to take care of our wounded men in the military service?

Dr. PARRAN. That statement, Mr. Chairman, represents my best opinion.

Mr. THOMASON. And it is also your opinion that the best and the only way to obtain the needed nurses is through selective service?

Dr. PARRAN. That also is my opinion.

Mr. THOMASON. It is also your opinion that these nurses cannot be obtained by voluntary methods?

Dr. PARRAN. I believe they cannot be obtained soon enough and that they cannot continue to be obtained as the war progresses toward victory.

Mr. THOMASON. The situation in your judgment is now so acute and the emergency so great that legislation of this kind is needed at the earliest possible moment if our wounded men are to be taken care of properly?

Dr. PARRAN. I would answer "Yes" to that question, but I have no first-hand knowledge of what are the military needs for nurses. I accept the statement made by my colleague Surgeon General Kirk before this committee on that score.

Mr. THOMASON. Assuming that Surgeon General Kirk speaks for the Army and knows the situation insofar as it affects the Army, and as I understand it the Surgeon General of the Navy will come here to corroborate General Kirk's statement, then acting upon that assumption, as I understand it, you feel that the only way these nurses can be obtained immediately and to meet our war emergency is by legislation of this type?

Dr. PARRAN. That is correct.

Mr. THOMASON. Any questions, Mr. Brooks.

Mr. BROOKS. Doctor, all through your statement you refer to selective service and selective-service needs. I noticed in responding to a question of the chairman that you referred to selective service. Then you are of the belief that the Selective Service System should be used in the event a bill is put through, are you?

Dr. PARRAN. Mr. Brooks, in using the term "selective service" throughout my testimony I refer to the selective-service principle without expressing an opinion because I do not feel competent to express an opinion as to what governmental mechanism is best suited to do this job.

Mr. BROOKS. You then have no opinion as to which would be better whether it be Selective Service or War Manpower?

Dr. PARRAN. That is correct.

Mr. BROOKS. And do you think you could do just as good a job under either one?

Dr. PARRAN. Frankly, I do not feel qualified to have an opinion on that score, Mr. Brooks.

Mr. BROOKS. Now, I want to ask you a few other questions in reference to the handling of this matter. You refer in your report to the methods used in selecting physicians. Under that method committees were set up through the United States, committees composed of doctors under A. M. A. to pass judgment upon the necessity of local physicians and those that could be spared for service. Would you mind giving the committee just some idea of how you apply that principle to nurses?

Dr. PARRAN. Mr. Chairman, these doctors' committees of senior physicians were set up in each service command, each State, and each large community. Those committees, however, were not finally representatives of the American Medical Association. They were appointees of the War Manpower Commission under the Procurement and Assignment Service; in other words, they were official representatives of the Government.

Mr. BROOKS. They were recommended by the American Medical Association, were they not?

Dr. PARRAN. I am not familiar with how the individuals were nominated. I can say, generally speaking, they were leading senior doctors of their communities. Frequently they had been active in the medical organization.

Mr. BROOKS. How would you apply that principle to the nurses?

Dr. PARRAN. There has already been set up under the War Manpower Commission a comparable group for nurses, Mr. Chairman. However, the Nurses Procurement and Assignment service has no teeth in it. In the case of the doctor, were he listed as doing an unessential work and were he to refuse to move into an essential occupation, his name could be turned over to the Selective Service System. Actually, I think there were very few, if any, instances in which it was

necessary to draft a doctor, because in practically each case he volunteered for service or moved into an essential occupation.

Mr. BROOKS. Suppose you had the same set-up with reference to nurses, without authority to draft the nurse, do you not think you would get the same response from nurses?

Dr. PARRAN. Unless there were designated authority to draft a selected nurse for military service there is no compulsion. I have heard reports from various parts of the country where nurses not doing essential work have been listed and urged to apply for a commission in the Army, and the response among that group has not been reassuring.

Mr. BROOKS. So you feel, even though the same set-up was instituted, without compulsion you would not get the results that you needed?

Dr. PARRAN. That has been the experience up to now.

Mr. BROOKS. Even though you make an appeal to the patriotic instincts of these women?

Dr. PARRAN. A great many of them have responded since the President's message and the hearings before this committee. However, it has been my impression—I have no statistics to back it up—that the number of nurses responding first and in the largest groups are those working in the hospitals, nurse training schools, and public health agencies, many of whom have been doing key work in key positions, while other nurses who are doing nonessential private work and could be better spared have not responded in the same number or in the same proportion.

Mr. BROOKS. I have heard some criticism to the effect that one of the difficulties was that nurses in the present set-up were not given sufficient opportunities for promotion in the Army. Have you given any thought to that?

Dr. PARRAN. I have not, Mr. Brooks. I do know that the basic salary and allowances as second lieutenant excluding the rights of such nurses under the G. I. bill of rights, are higher than nurses usually receive in hospitals and other types of employment.

Mr. THOMASON. Let us have for the record what that is?

Dr. PARRAN. May I refresh my mind on the total pay and allowances?

Mr. SPARKMAN. \$1,800, plus the allowances.

Mr. THOMASON. I know it; but I think it is important for the record.

Brig. Gen. E. W. SMITH. One hundred fifty dollars base pay, \$45 allowances, and \$21 subsistence.

Mr. THOMASON. What is the total?

Mr. SPARKMAN. Two hundred sixteen dollars.

Brig. Gen. E. W. SMITH. Two thousand four hundred ninety-nine dollars.

Mr. BROOKS. So, even at the basic pay of a second lieutenant, the nurses are paid better, Doctor, than they are in civilian life, is that correct?

Dr. PARRAN. On the average, that is correct; yes, sir.

Mr. BROOKS. Any nurse coming in the service, then, does not lose financially?

Dr. PARRAN. That is true. I won't say any nurse, but certainly recent graduates would receive better pay in the Army and Navy than in the usual civilian occupation.

Mr. BROOKS. Then, of course, if they go overseas they are given an additional 10 percent overseas pay?

Dr. PARRAN. That is correct. They also receive a uniform allowance of \$250, I believe.

Mr. BROOKS. That is right. That is all.

Mr. THOMASON. Mr. Andrews.

Mr. ANDREWS. Doctor Parran, the questions I have at the moment have to do with the pool generally. As I understand it, this bill provides for the registering of registered nurses, is that correct?

Dr. PARRAN. That is the way the language seems to read in both bills.

Mr. ANDREWS. Now, I am thinking particularly at the moment of a so-called Red Cross nurses' aides group. Where would that fit in as a reserve pool, in your mind, to the registered nurses?

Dr. PARRAN. The Red Cross nurses' aides now are doing a very wonderful job in our civilian hospitals, Mr. Andrews.

Mr. ANDREWS. What is that?

Dr. PARRAN. The Red Cross nurses' aides are doing a very wonderful job in our civilian hospitals, supplementing the work of the graduate nurses.

Mr. ANDREWS. Do you consider the Red Cross nurses' aides the leading reserve pool in the nursing field?

Dr. PARRAN. As auxiliary nursing service for civilians; yes.

Mr. ANDREWS. For civilians?

Dr. PARRAN. They are now serving in that capacity.

Mr. ANDREWS. I have some information given me by Mrs. Lippman, who is chairman of this organization. I understand there are 163,000 fully trained nurses' aides who would be available to go in Army hospitals and nursing duty. It is a comparatively large organization, is it not?

Dr. PARRAN. It is a comparatively large organization. And while I would hope Mrs. Lippman could speak for herself, it is my opinion that there is not available this total number to go into Army hospitals. These nurses' aides are wives and mothers who have taken training and volunteered to give service in local communities and hospitals. Frequently their children are sick, and they are by no means available for full-time service. Furthermore, since the vast proportion of them being mothers and housewives, they are not available for duty outside of the home community.

Mr. ANDREWS. The Surgeon General of the Army made a statement a year ago that he had some 7,000 inquiries from nurses in a civilian status.

Dr. PARRAN. I understand so.

Mr. ANDREWS. As to the position of the War Department, while they at one time considered utilizing this pool, then they decided to use WAC's and thereby fill up the vacancies created, we will say, by the then-pending legislation.

Dr. PARRAN. I am not informed as to the Army pool in this respect.

Mr. ANDREWS. What would you think from the standpoint of utilizing and getting everything on the basis of having a registration of women under this act that might include Red Cross nurses' aides and other women similarly less qualified than a registered nurse? In other words, increase the scope of registration in the selective-service choice of women?

Dr. PARRAN. I would not favor such a proposal, Mr. Andrews, for the simple reason that it is difficult to measure the qualifications of women who have had more or less of nursing experience of various kinds. I see no place to stop if you go beyond the group of graduate nurses.

Mr. ANDREWS. Would it be good to have these women between 18 and 45 as to training for nurses?

Dr. PARRAN. I have always favored a national service act affecting all men and women of the country. I was not aware that issue was before the committee at this time.

Mr. ANDREWS. After all, we are dipping into this pool of women for a specific purpose. You have answered as I hoped you would.

May I ask the chairman if Miss Dunbar, of the Red Cross Nursing Service, is here and expected to testify today?

Mr. THOMASON. I may say, Mr. Andrews, that all of these witnesses are going to be heard but perhaps not today.

Mr. ANDREWS. I wanted to make certain.

Mr. THOMASON. Yes; she is invited to appear.

Dr. PARRAN. I would emphasize that the Red Cross nurses' aide has made and is making a valuable contribution to the care of patients.

Mr. THOMASON. Mr. Sparkman.

Mr. SPARKMAN. Doctor, you stated during the present fiscal year so many cadet nurses graduated. I have forgotten the number you gave, but what I want to ask you is, when is the graduation time?

Dr. PARRAN. It varies, depending on the school. The largest is in the autumn, about the time other schools open. In addition, most schools have a smaller class graduate around February or March. There is no set date. Last year, in order to meet a very large quota, we induced many schools to admit a third class in June, girls coming out of high school, so to speak.

Mr. SPARKMAN. It is staggered throughout the year?

Dr. PARRAN. It is staggered throughout the year.

Mr. SPARKMAN. You refer to the accelerated program whereby these nurses will be turned out after a period of not more than 30 months' training, and I notice you make the further statement many of the regulations require at least 36 months' training before a student nurse may take the examination to become a registered nurse. What are you going to do with the registration of these nurses if they do not comply with State regulations?

Dr. PARRAN. That is a very good question. I am sorry I did not make it clear. In the last 6 months these student nurses are designated as senior cadets. Then they have 6 months in hospitals doing full-time service. As a result, they do meet the requirements of all State laws upon graduation.

Mr. SPARKMAN. When they do get the extra 6 months' nursing, they do meet the requirements for all States?

Dr. PARRAN. That is right.

Mr. SPARKMAN. And therefore are eligible for registration?

Dr. PARRAN. That is right.

Mr. SPARKMAN. And that applies to all of those who are eligible for registration, whether they are eligible for the Army or not?

Dr. PARRAN. That is correct. For obvious reasons I think it is conceivable that a nurse, upon graduation, would fail to register to avoid service, although she would be fully qualified as a nurse. That

is my reason for recommending legislation be based upon graduation not registration.

Mr. SPARKMAN. Certainly if she is qualified to do the work she ought to be fully as answerable as any other?

Dr. PARRAN. If she is qualified to take the examination, then she would be as answerable as nurses who have taken the examination for license.

Mr. SPARKMAN. You refer to various hospitals and services that have the nurses in them from which they may be drawn. Do you know whether or not a great number of nurses are being used in administrative jobs and even in our armed services—do you know whether or not that is true?

Dr. PARRAN. I assume it is, of course, necessary to have a certain number of nurses who are supervising the work of junior nurses in the Army. I do not think we could expect every nurse to be working at the bedside.

Mr. SPARKMAN. In a letter that came to us from district 4 of the Ohio State Nurses Association at Cleveland, Ohio, one objection to this legislation is given as follows, and I would like to read it for your comment:

Dissipation of nurses in Army hospitals by assignment of nurses to clerical work and menial tasks outside the nursing profession.

Dr. PARRAN. I hope, Mr. Sparkman, you will pose that question to representatives of the Army Medical Department, because, frankly, I do not feel qualified to answer it.

Mr. THOMASON. They will be here.

Mr. SPARKMAN. Of course, we would like to know whether that charge is true that they are being dissipated?

Dr. PARRAN. I do not have the facts.

Mr. SPARKMAN. So far as you are concerned, you do not think that is true?

Dr. PARRAN. I am sure in the Public Health Service we are not wasting nursepower.

Mr. SPARKMAN. And so far as you know, in the Public Health Service the nurses are not assigned to jobs outside the nursing profession?

Dr. PARRAN. That is right.

Mr. SPARKMAN. Of course, I take it the supervising of certain work such as you have described is clearly within the profession?

Dr. PARRAN. That is correct.

Mr. THOMASON. Is that all?

Mr. SPARKMAN. No; I have a few more questions.

Doctor, I am a little puzzled about what effect this kind of a law might have on your recruitment of girls for the nursing profession if it applies only to nurses and not to all women within that age bracket?

Dr. PARRAN. That is a question, naturally, which gave us a good deal of concern. We have given a great deal of consideration to this. We are willing to take our chances on recruiting girls as student nurses even though when graduating they would be subject to military service or essential civilian service. They have already voluntarily pledged to do this.

We have watched very carefully since the agitation for selective service for nurses has been active, and there has been no wave of

resignations. In some areas we have reports, on the contrary, of many more applying for permission to register.

Mr. SPARKMAN. In other words, you are not fearful of the effect that might have?

Dr. PARRAN. That is correct. These are girls who are serious-minded and wish to serve their country in the armed forces, if necessary.

Mr. SPARKMAN. I was interested in your remark about the private nursing pool. I have been under the impression our hospitals are pretty well loaded now, and there is considerable encouragement of people to stay at home. You cannot carry on that program very well without adequate private-duty nurses, can you?

Dr. PARRAN. Of course, you need some private-duty nurses. More serious illnesses are admitted to hospitals. Those ill in homes could be served through the visiting nurses' association, whereby one nurse would care for three or four sick patients. The only difficulty is that there are many vacancies in staffs of visiting nurse associations and health departments because private duty is more lucrative and also many have joined the military. Of course, I tried to make it clear some private-duty nursing is necessary in emergencies and otherwise.

Mr. SPARKMAN. How would the inducted nurses work? Would there be an arrangement whereby the armed services would get a part, the Veterans' Administration get a part, and your civilian needs get a part? Would you set up priorities?

Dr. PARRAN. Yes, sir. I do not think they all can be adequately provided for, but the minimum needs can be met. And I should think groups of senior nurses, community by community, would know what general standards could be set up and would necessarily know the relative importance of the work a nurse is doing.

Mr. SPARKMAN. In that case, do you not think it would be well for us to write into the bill some kind of organization tying that into it instead of leaving it to Selective Service?

Dr. PARRAN. I have tried to indicate that in my recommendations. I am not prepared at the moment to work it out, but I do agree with that objective.

Mr. SPARKMAN. But you want it decentralized so communities could very largely pass upon what their needs would be and what they could spare?

Dr. PARRAN. Yes; under general national standards.

Mr. SPARKMAN. Would you make any distinction between those who were drafted for home service and those who were drafted for overseas service, or would you simply draft them in and let it be a matter of chance?

Dr. PARRAN. Do you not think General Kirk should be asked to express an opinion on that?

Mr. SPARKMAN. We want your opinion, too.

Dr. PARRAN. I would think, in view of the unpredictability of overseas needs, that it would be cumbersome for the Army to have these two classes of nurses.

Mr. SPARKMAN. Of course, it was not my idea to distinguish between them as some countries do, draft them and then let them choose whether they were willing to go overseas.

Dr. PARRAN. That would be a matter of legislative policy, I think.

Mr. ARENDS. Following up the gentleman's argument, I feel a number should come out of a particular area. That was emphasized in a letter I received from a county nurses' association. At the time legislation was suggested, 29 of them offered their services to the armed forces. In other words, some plan like the procurement and assignment of doctors could be used where the community would at least have a nucleus to carry on the home problem.

Dr. PARRAN. I agree.

Mr. THOMASON. Mr. Durham.

Mr. DURHAM. Doctor Parran, I was interested in Mr. Sparkman's question about your set-up back home in the States. At the present time, what is the number of nurses involved in the Public Health Service?

Dr. PARRAN. In all public health agencies of the country there are about 21,000. There are places for around 25,000 to 26,000. The rest represent vacancies. In the Public Health Service we have a total of about 1,500, of whom nearly 1,200 serve in hospitals. So we have available now working with State and local health departments chiefly in war-boom areas and also in rapid-treatment centers for the care of venereal infected patients somewhat less than 300 nurses.

Mr. DURHAM. This bill would make every one of these nurses available to the Army, or practically all of them?

Dr. PARRAN. No; because the Congress on July 1, 1944, authorized commissions for nurses, and more recently as of just about the first of this year the Appropriations Committee has made funds available to implement this program.

Mr. DURHAM. You mean how many of yours are commissioned? It would take every one of them back in some of these health centers and counties and places.

Dr. PARRAN. For those who are now employed by the Public Health Service they are offering commissions to all.

Mr. DURHAM. All of them?

Dr. PARRAN. Yes, sir.

Mr. DURHAM. Twenty-one thousand?

Dr. PARRAN. No, sir. The 1,500 in the Public Health Service.

Mr. DURHAM. One thousand five hundred?

Dr. PARRAN. I tried in my testimony to emphasize those local health departments and visiting nurse associations. That number is about 21,000.

Mr. DURHAM. That is a very small number, 21,000 as compared with 1,500.

Dr. PARRAN. The 1,500 are Federal employees. The 21,000 are local and State.

Mr. DURHAM. They could be subject to this bill.

Dr. PARRAN. They would be, and it is for that reason I tried to urge in the strongest language I know that all those nurses in essential positions should be left where they are. They are doing as important a war job as caring for the sick in the military forces, in my opinion.

Mr. DURHAM. That is what I mean. You are speaking from the public health standpoint of the United States here in your position?

Dr. PARRAN. I am.

Mr. DURHAM. And I am concerned with the situation which might develop if we turn that entire policy over to two agencies of the Government.

Now, the next question is in that statement on amendments you say the law should apply to all registered nurses. Do you mean to include men in that too?

Dr. PARRAN. No. I did not use the term "female nurses" but I hope the committee knows I was referring to female nurses throughout, because there is adequate legislation for the utilization of men.

Mr. DURHAM. Why should you not commission those, Doctor, under this bill if they are qualified and registered throughout the country?

Dr. PARRAN. In the first place, the number is very small. In the second place, according to General Kirk, there are something like 600,000 Hospital Corps men who have been given hospital training and they are now performing essential tasks under the supervision of female supervisors. Every Hospital Corps man is eligible to apply for a commission.

Mr. DURHAM. Some of these men, Doctor, have been trained in the best methods in the country. I have some knowledge of that.

Dr. PARRAN. Generally speaking, the training of the male nurse is to deal with certain conditions which only men more appropriately could handle.

Mr. DURHAM. Doctor, the other question I had was we had some complaint about not taking nurses from 50-bed hospitals, or we have quite a few letters, or at least I have, on it. Of course, at the present time they are not taking those nurses from those hospitals because of the regulations. What do you think of the 50-bed hospitals in the country?

Dr. PARRAN. Under the provisions of the Bolton Nurse Training Act we are assisting student nurses in hospitals regardless of their size. One should recall, however, that the needs of the armed forces for nurses is very specialized. They are commissioned. They must direct the work of enlisted men. Therefore, the Army and Navy need the best qualified nurses. Many of the graduates of these small hospitals are well qualified but they have not had experience in psychiatry and other highly specialized fields for which they must be prepared. It is my understanding the Army and Navy do accept graduates from similar institutions if they take certain post-graduate work and demonstrate the necessary qualifications.

Mr. DURHAM. Something has been said here about existence of this Nurses Corps being detrimental to the effect that the nurses have not got enough volunteers for the services at the present time. When the war is over out goes everything again and we start over from the ground again. In the last war we did the same thing. I am finally to the point where I think, speaking for my own self, we should immediately put into effect some kind of an organization somewhere where we can grow some. Do you have any comment to make on that, Doctor?

Dr. PARRAN. Yes; I do, Mr. Durham.

I would call to the attention of the committee that a permanent plan of Federal aid to the training of nurses was discussed at hearings before the Senate Committee on Education and Labor last year. That committee seemed favorable, in fact voted favorably upon a provision which would have authorized just what you seem to have in mind. However, in the rush of the closing days of Congress there was some opposition to this provision, though not material opposition,

because there was insufficient time, some of the Senators felt, to consider the matter fully. It was dropped in the interest of the passage of the large bill of which this was a part.

I hope that will come up for consideration in legislation before long.

Mr. THOMASON. Mr. Clason.

Mr. CLASON. As far as the Public Health Service is concerned you say that is 20 to 30 percent short of the number you need?

Dr. PARRAN. In the Public Health Service nursing staffs of the country, Federal, State, and local, especially in the visiting nurses associations.

Mr. CLASON. During the last 3 years has it increased or diminished at all according to the figure of 21,000?

Dr. PARRAN. We lost about 2,000 according to my best recollection.

Mr. CLASON. How do you account for that?

Dr. PARRAN. Chiefly as the result of enlistment in military service.

Mr. CLASON. And you have not been able to replace your losses with new nurses?

Dr. PARRAN. That is correct.

Mr. CLASON. Have you endeavored to do so?

Dr. PARRAN. I have recruited actively.

Mr. CLASON. What is your base pay in the Public Health Service?

Dr. PARRAN. In the United States Public Health Service the pay is identical with that of the Army and Navy, which amounts to approximately \$2,500 a year total for the lowest grade.

The rate of pay in the local health departments and in the visiting nurses associations varies; \$1,650 to \$1,800 I would say would be an average beginning pay.

Mr. CLASON. Some of these 21,000 are receiving \$1,800 then?

Dr. PARRAN. Yes.

Mr. CLASON. Now, the ordinary private nurse today receives throughout the country what average daily pay?

Dr. PARRAN. Oh, it is about \$7 a day.

Mr. CLASON. And some of their meals?

Dr. PARRAN. Yes; usual maintenance needs. In times like these when there is such a demand of all kinds of hospital and medical care private-duty nursing is quite profitable. However, in the depression days there was widespread unemployment among private-duty nurses. It depends upon how constantly employed they are on one case after another.

Mr. CLASON. In wartime she is fairly well set?

Dr. PARRAN. There is a tremendous demand for their services.

Mr. CLASON. Are they allowed to work more than one shift a day; that is, more than 8 hours?

Dr. PARRAN. The hours of work vary.

Mr. CLASON. Can they earn only \$7 or can they improve on their pay by working more than 8 hours?

Dr. PARRAN. It is my understanding they can work extra time.

Mr. CLASON. So they can really make more in private work than by accepting enlistment in the Army?

Dr. PARRAN. Yes.

Mr. CLASON. I was also interested in your statement of the number of graduates in the last 5 years, and you said it must total 500,000. From January the needed increase in the Army was only a few thousand. You would have thought that was a big reservoir to which the

Army could appeal and if they put on any kind of recruiting service they should have obtained better results.

Dr. PARRAN. It is difficult to compare replacements and enlistments. One must recall that these are young women of marriageable age. The losses from nurses graduating year after year is very high. It has been said that the marriage rate among nurses is the highest of any women's profession and the divorce rate is the lowest. All of us know the marriage rate of the country has gone up. I am sure some of the representatives of the nursing associations can give you the percentage of the losses year after year. I know it is very high.

Mr. CLASON. After we started in talking about legislation of this kind thousands of nurses did enlist which would indicate during the 7 months previous even when the needs of our Army were tremendous it was not thought the nurses were needed.

Dr. PARRAN. I think it is a fair statement to say when a ceiling was put on the number of nurses in the Army, a ceiling of some 40,000 a little more than a year ago, all of our cadet nurses had to be based upon civilian needs. It was not until April or May certainly that that ceiling was raised because the impression got over the country very widely during the first months of 1944 that the Army needed only replacements, that it had its full quota.

Mr. CLASON. In other words, there is the same stress on this bill that there is on the work-or-fight bill, too much optimism, and the same as well with the production of supplies.

Dr. PARRAN. I do not feel competent to comment on your statement.

Mr. CLASON. Do you feel if that raised the ceiling early enough to 60,000 there would have been any difficulty in getting the other 20,000?

Dr. PARRAN. In my opinion there would have been. All of us know that wartime conditions and the military situation change from month to month.

Mr. CLASON. After January 6, when we landed in Normandy, when we knew the casualty list was going to be very high, we did nothing until January 1945 to actually stimulate enlistment. Do you know of any great enlistment program carried out during the last 6 months of 1944?

Dr. PARRAN. I know quite a number of enlistments were secured by the Red Cross, which acts as a recruiting agency for the Army. I know last summer or fall everybody assumed the war was going to be over soon, and that was part of the same national psychology.

Mr. CLASON. If this bill becomes a part of the National Selective Service Act, and runs out shortly after the termination of hostilities, what is going to be the effect upon the Army Medical Corps if the nurses decide to take advantage of their opportunity to leave?

Dr. PARRAN. I would hope that question can be posed to the Army Medical Corps.

Mr. CLASON. This gentleman claims he is a vice admiral. He ought to know something about it.

Dr. PARRAN. I should like to refer you, Mr. Clason, to the number of graduates from schools of nursing recorded in table II which I submitted, showing that the number will increase markedly during next year and the succeeding year. In other words, the total supply will be much greater.

Mr. THOMASON. Will the gentleman yield?

Mr. CLASON. I have got this question: Assuming by June 30, 1945, 9,165 graduates have been graduated and there has been this total number of nurses made available for recruitment, would you expect that might take care of this nursing situation?

Dr. PARRAN. I would only say, Mr. Clason, this country decided before war was declared we could not get our military manpower needs on a voluntary basis. We cannot get nurses. If we continue to recruit girls from the most essential civilian positions everywhere there will be a break-down on the civilian health front, with which I am primarily concerned.

Mr. SPARKMAN. Since, according to your statement, only about 40 percent of our cadet nurses when graduated go into the armed services and since those girls taking that training are under some obligation to this Government inasmuch as all expenses and everything is being paid for, why would it not be well to amend the Bolton Act to require persons graduating under that act to enlist if they were needed?

Dr. PARRAN. That suggestion or that idea has occurred to us. The major reason we decided it would not be effective is that one cannot change a contract in the midst of its operation. That would apply to girls enlisting in the future. But that will not produce nurses until 24 months or 30 months from now. I would recall also that the 40-percent figure refers to those who had applied prior to January 1, 1945. All indications are that the percentage will be much higher now that the Army's needs have increased.

Mr. SPARKMAN. Is your contract binding for the whole term or could you write it in the law because they can come in and take that condition or get out. We did that with the WAC's.

Dr. PARRAN. We have considered that suggestion and there is some doubt that with the present language of the Bolton Act its provisions could be changed to accomplish what was done in the case of the WAC's.

Mr. BROOKS. Mr. Chairman, I just want to ask a question.

Mr. THOMASON. Does the gentleman yield to the gentleman from Louisiana?

Mr. CLASON. I yield.

Mr. BROOKS. In line with what has been asked you, Doctor. I would like to ask since the call has gone out as to the need of nurses coming in voluntarily has any effort been made to suggest to them that they enlist for any certain course?

Dr. PARRAN. Yes, sir; I have written to each school participating in the Cadet Nurse Corps calling attention to the moral obligation to engage in either essential civilian or military nursing.

Mr. THOMASON. Any further question, Mr. Clason?

Mr. CLASON. Under Table III it provides during the years July 1, 1943, to June 30, 1944, for 10,000 senior cadets; is that correct?

Dr. PARRAN. That is correct.

Mr. CLASON. Would they all become nurses?

Dr. PARRAN. They either became nurses at the end of 1944 or a few months thereafter.

Mr. CLASON. That first group was between 1943 and 1944?

Dr. PARRAN. That is correct.

Mr. CLASON. Then half of them or 24,000 become nurses at the end of December 1944; is that correct?

Dr. PARRAN. These are the facts: We operate on a fiscal year ending June 30. The total number of cadet nurses becoming senior cadets during 1943-44 was 10,562, half of which is a little over 5,000. Not all of these became nurses by June 30, 1944, because some had just entered their senior-cadet period. March is the month in which the greatest number of cadet nurses become senior cadets.

Mr. CLASON. There was a pool of 3,000, approximately, that ought to have gone into the Army; should they not?

Dr. PARRAN. Excuse me. May I draw your attention also to column 3 under table II which gives the number of graduates of senior cadets? It is 1,206 for the fiscal year 1943-44. In other words, there is a lag of 6 months between the time a girl becomes a senior cadet and a registered nurse.

Mr. CLASON. She has been working in the hospital 6 months?

Dr. PARRAN. That is right.

Mr. CLASON. So there are 23,000 there that should have gone into the services during the last half of 1944 and 1945?

Dr. PARRAN. The number of graduates for the United States Cadet Nurse Corps for the fiscal year 1944-45 is 9,165. That is in table II. The number of girls, the bulk of whom become senior cadets late this spring, during the current fiscal year, is 24,821.

Mr. CLASON. That is June 30?

Dr. PARRAN. That is correct.

Mr. CLASON. Why would not that take care of all your needs? Why does not that take care of everything? That goes to 64,000-plus enlistments. It will be well over 70,000, less whatever persons drop out, which will bring it back to 60,000 again.

Dr. PARRAN. The figure of 24,821 which I quoted is the number of cadet nurses who will become senior cadets during the current fiscal year. I believe you are referring to table I on the admission of new students. During the fiscal year 1943-44 we enrolled 65,521 new students, 50,827 of whom were members of the Cadet Nurse Corps. All of these young women were first-year students with 24 to 30 months to go before they reached their senior-cadet period.

Mr. CLASON. 1944-45 indicates July 1, 1945. The last half of 1945-46 it is 32,000 more; is that right?

Dr. PARRAN. That is right. Those are the senior cadets shown in table III.

Mr. CLASON. Then they not only graduate but they have 6 months in the hospital?

Dr. PARRAN. Excuse me. That is not correct.

Mr. CLASON. Where do they get the training?

Dr. PARRAN. The senior-cadet period is something like an internship. The girls have not graduated but they are really interns.

Mr. CLASON. As to these 24,000 that get through in 1945 are they going to have that 6 months' training prior to June 30, 1945, or subsequent to 1945?

Dr. PARRAN. Some before and some afterward.

Mr. CLASON. Is there any shortage if you can use those 24,000 during 1945?

Dr. PARRAN. Unhappily all of them are not eligible for military service.

Mr. CLASON. Were they not examined when they came in as cadets?

DR. PARRAN. They were examined in each of the training schools of the country but not in accordance with Army standards.

MR. THOMASON. Mr. Sikes.

MR. SIKES. Doctor, have you any figures on the number of nurses available if the nurses graduating from the smaller hospitals were accepted?

DR. PARRAN. Yes, I have, Mr. Sikes. I have the data by institutions. The smaller institutions represent only about 7 percent of the total nurse-training schools. That does not give you the figure as to the number of nurses, but the total number of nurses would be very much smaller than that percentage.

MR. SIKES. I would like to ask, Mr. Chairman, that those figures be placed in the record.

MR. THOMASON. I think it is very proper they should be. If there is no objection, they will be placed in the record.

(The figures referred to are as follows:)

Size of hospitals.¹—Nursing schools participating, U. S. Cadet Nurse Corps, 1944

Daily average, patients	Number	Percent	Daily average, patients	Number	Percent
Less 50	77	7.0	300 to 500	81	8.0
50 to 100	217	30.0	500 plus	59	5.0
100 to 200	382	37.0			
200 to 300	132	13.0	Total	1,048	100.0

¹ Source of data: A list of schools of nursing meeting minimum requirements set by law and board rules in the various States and Territories, National League of Nursing Education 1943.

MR. SIKES. I realize the number is comparatively small, but I do think you have not explored all the opportunities for voluntary recruitment; from those smaller hospitals there is a refusal. You may be taking some of them, but the information I gather is practically all of them are turned down regardless of whether they meet all the qualifications or not.

DR. PARRAN. I may say, Mr. Sikes, I would have been more concerned about that situation were it not for the fact that most of these smaller institutions are located in small towns and areas in which there has been an unusual dearth of doctors. The civilian needs are generally more acute in the rural areas.

MR. SIKES. I would like to ask in that connection if you propose to draft those nurses who have attempted to volunteer from the smaller hospitals and have been refused.

DR. PARRAN. The Army needs the very best qualified nurses. They must have the type of instruction and experience that is provided by large institutions.

MR. SIKES. But if that same institution meets the requirements of the State medical association, the American Medical Association, and the American College of Physicians and Surgeons, does it not follow they are well trained?

DR. PARRAN. "Trained" is a relative term. There has been no standardization in nurse education as there has been in medical education. There is a very great variation among different States and within different States.

MR. SIKES. I realize that, but if you are short of graduate nurses it appears to me they could be utilized.

With further reference to the draft I think there is ample precedents for amending this legislation to affect only those nurses who are now cadets if it should be determined to meet your requirements.

Mr. Clason has posed some more interesting figures which I think the committee should study further.

Do you care to contribute anything further at this time?

Dr. PARRAN. I do not think I care to contribute anything further at this time.

Mr. THOMASON. Mr. Martin.

Mr. MARTIN. From your answers to Mr. Sikes I gather you are qualifying your statement as given on page 4, subparagraph 1. From that I gather that you are advocating taking in all nurses who have graduated or hereafter shall graduate from a school of nursing. Are you modifying to that others in not over a 50-bed hospital?

Dr. PARRAN. For purposes of registration I think the graduates of any school which is recognized by a State board of nurse examiners ought to be registered.

Mr. MARTIN. You suggested this as an amendment to these bills and I gathered that this was just more than that of registration. I thought you were speaking here about the matter of making them available for military service?

Dr. PARRAN. That latter point I should think, Mr. Martin, would be one for administration by the Army. I was speaking of national registration for the Nation's total needs—military and minimum essential civilian.

Mr. MARTIN. In your statement here do you have any bearing on whether they take them into the service or not?

Dr. PARRAN. It was not intended to do so. You will recall the Army had certain physical requirements for men and then reduced them as the need became great.

Mr. MARTIN. This statement I had reference to registration and not what the Army takes. Another statement you have there does bridge over into what they do with them after taking them. You are recommending in point 4 all nurses be commissioned so you are getting over into what they do with them.

Dr. PARRAN. Yes, sir. I quoted that the legislation should extend to all nurses qualified for the military.

Mr. MARTIN. You are getting there into what the Army does?

Dr. PARRAN. Yes.

Mr. MARTIN. I did not get the break there between point 1 and point 4, which one you had your fingers crossed on.

Are any nurses leaving the Army today fully qualified who are not commissioned?

Dr. PARRAN. So far as I know there are no qualified nurses on duty in the Army except on a commission status in the Army Nurse Corps.

Mr. MARTIN. And so far as you know there is no plan to take them in other than on a commission basis?

Dr. PARRAN. I am not aware of the Army's plans.

Mr. MARTIN. We certainly did not approve that all the engineers and all the doctors shall be drafted, and I wonder whether your legal department has given any thought as to past legislation in regard to this type of legislation.

Dr. PARRAN. It has not. Since this legislation is posed by the War Department I assume their legal department has studied it.

Mr. MARTIN. You have not attempted to pry into the constitutionality of this?

Dr. PARRAN. I have not, sir. I am a mere doctor.

Mr. MARTIN. You have no legal staff that has pried into that?

Dr. PARRAN. We have not.

Mr. MARTIN. I want you to know what is going through my mind anyway.

Now, you spoke about this private nurse, I believe, on page 5 of your statement. You spoke about approximately 60,500 nurses doing private duty. Then in answer to Mr. Sparkman and Mr. Clason awhile ago you made a suggestion that some of the group of nurses be given the jurisdiction to determine whether or not a nurse could be spared for military duty. Could we by any chance approach this from a different angle, have that same senior nurses organization to determine whether or not a nurse be allowed to continue in private nursing or whether she should hunt for an essential nursing job?

Dr. PARRAN. I think your statement represents the point of view I have tried to express; namely, the profession itself of senior nurses certainly would be very valuable as advisers to the Selective Service System or any organization which the Congress were to set up to operate this whole program.

Mr. MARTIN. I grant you that, but I am asking you a question. Do you think that same type of organization should be set up to judge whether or not a nurse should remain on private duty in wartime when in their opinion that nursing duty is not an essential duty?

Dr. PARRAN. The answer to that question is yes.

Mr. MARTIN. It could be so used?

Dr. PARRAN. It could.

Mr. MARTIN. And that would open up a field to this whole question if that were so used.

You spoke something about the matter of changing contracts because of the nurse cadets in their course of instruction. We have numerous cases where contracts have had conditions tied to them before the parties in training continued their training. I remember very well a situation in Annapolis where the boys who finished the third year were given their choice to sign up in the Navy or drop out before they took their last year, and it was conditioned on their continuing the training only in case they decided to sign up for a certain length of service following graduation. That is exactly in line with the question asked by Mr. Sparkman regarding nurses training. Have you given any thought to continuing their training only on condition they enter the service, or is that in violation of some contract covering their whole period of training?

Dr. PARRAN. I think the simplest answer is if the two bills are passed that will be accomplished.

Mr. MARTIN. Suppose the bills are not passed?

Dr. PARRAN. Then it will be my responsibility to consider what, if any, amendments to the Bolton Act might be suggested.

Mr. MARTIN. Could we still make a suggested change supposing the bill is not passed?

Dr. PARRAN. Of course, Congress having passed the Bolton Act can amend it.

Mr. THOMASON. Mr. Winstead.

Mr. WINSTEAD. No questions.

Mr. THOMASON. Mr. Elston.

Mr. ELSTON. Doctor, along the line of the questioning by Mr. Martin about contracts, the Army contracted with a lot of young men not long ago that if they would take training for the air service they would get commissions provided they were qualified. These men enlisted with the understanding that they would take flying training and receive commissions. Very shortly thereafter they were sent to the Infantry. At one time we had a draft act of 1 year and then extended it. So there is nothing to the claim that the Army could not amend the Bolton Act and provide that these nurses could be taken into the Army on completion of their course.

Do you not think if this bill is passed some category should be set up and some order be provided for taking nurses into the selective service rather than just leaving it to the Selective Service System to say how they shall be taken?

Dr. PARRAN. That is a difficult question to answer. Am I right, Mr. Elston, in my recollection that generally speaking the decisions under the Selective Service Act now are left largely to the local board under national standards and administrative functions?

Mr. ELSTON. That is right.

Dr. PARRAN. The needs might change greatly in case of a national epidemic or a pandemic you might say.

I think the extent to which it will be left to Presidential regulation would be something for the committee to decide.

Mr. ELSTON. I do not believe in leaving everything to Presidential regulation. We could do the same thing as taking men in the service. For example, we can provide cadet nurses can be taken first. If a sufficient number cannot be obtained to go some other category, say nurses who go to private duty or have certain qualifications, or are in hospitals or doctors' offices. The doctors are under a terrific strain today, as you know, and many of those doctors could not go on if the nurses were taken away from them because they perform a great many duties for them. Take, for example, a doctor who is an X-ray specialist. A great many of the pictures are taken by the trained nurse. He interprets them. If she were taken away you would appreciate the handicap under which he labors. It seems there ought to be some category or order in which nurses are taken.

Dr. PARRAN. Certainly I think current graduates should be in the first call whether within or without the Cadet Nurse Corps. My chief concern is there still would be no way to insure use of our remaining nurse power where most needed. I present the case as representing the Public Health Service for the civilians who are not in the armed forces. Nursing service must be budgeted wisely both for civilian and military use.

Mr. ELSTON. I do not think selection by categories would disturb that. The Army at the present time won't take nurses, for example, who received their training in the smaller hospitals, yet if this legislation were passed, those nurses would be taken right along with nurses who received education in the larger hospitals. So would not we be doing the very thing the Army has not been doing? If we leave it up to Presidential directive, how do we know they won't come along with an order saying that nurses who received training in smaller hospitals won't be taken? The result would be the nurses who took training in the larger hospitals, the larger cities, would be the ones who would be taken and these other nurses would not be taken. That seems to me to be an unfair discrimination against the larger hospitals

and major cities and the nurses who graduated from the larger hospitals, and it would be manifestly unfair to one large group of nurses; do you not think it would?

Dr. PARRAN. Aren't you presupposing certain military regulations, with which I am not acquainted? I am sorry I cannot give an affirmative or a negative answer to them.

Mr. ELSTON. Doctor, I am only assuming that the Army will do what it has in the past, and it has not been taking them.

Dr. PARRAN. Would not the best answer be from the War Department?

Mr. ELSTON. Maybe so, but I wanted your opinion too.

Now, I do not know whether you commented on it or not, but it seems to me if some inducement went out to nurses the Army won't take and tell them they will be granted permanent commissions in the Nurses Corps it would help. A nurse who enlists today has no inducement for a permanent commission. Do you not think that would help if that were provided for?

Dr. PARRAN. I favor all possible protection to the standards of nursing and to the status of nurses in the Army. I am not prepared to comment on War Department policy.

Mr. ELSTON. Do you think the age is right, 18 to 45?

Dr. PARRAN. The age of 18 is fictitious because most girls that age are just entering nursing. The same law would be applicable to all under 45 without specifying the lower age group.

Mr. THOMASON. Is that all, Mr. Elston?

Mr. ELSTON. That is all.

Mr. THOMASON. Mr. Holifield.

Mr. HOLIFIELD. No questions.

Mr. THOMASON. Dr. Fenton.

Mr. FENTON. Dr. Parran, of course you are convinced this legislation is necessary to our war efforts?

Dr. PARRAN. I am convinced such legislation is necessary.

Mr. FENTON. I am very much concerned about this nurses cadet thing. Now when we had that legislation up we certainly did not know that an emergency such as this would ensue. I am just wondering whether or not they were interested in numbers rather than in quantity or quality, and I am a little anxious to know what kind of screening tests were given for those candidates.

Dr. PARRAN. That is a very fair question, Dr. Fenton, and one which has naturally interested us.

All of us are aware of the normal number of losses in nurse training schools. Since the Cadet Nurse Corps was organized that rate of loss has not increased. To my mind that is the best indication that the quality of girl going into the school has been as good as heretofore.

Mr. FENTON. Is there any animosity that you know of between the regular student nurse and the cadet nurse?

Dr. PARRAN. I do not know of any whatever. When the corps was organized we did not propagandize the seniors to join the corps. The emphasis was put on the younger nurses. At the present time about 80 percent of all student nurses are cadet nurses.

In the classes enrolled this year approximately 90 percent are cadet nurses. The remainder are chiefly girls who already have made plans for marrying and raising a family. So members of the Cadet Nurse Corps are around 90 percent of the incoming classes.

Mr. FENTON. I think inasmuch as the Government is paying for their training some amendment should be made making it obligatory for them to sign up for services for a certain length of time. Do you not think such an amendment would be in order?

Dr. PARRAN. I would prefer it if the Bolton Act had had more teeth in it. In fact in the language as written I thought there were more teeth than the lawyers say there are, and I should welcome legislation which would accomplish your purpose. On the other hand, I repeat that such legislation will not meet military and civilian need for nurses. If the Army quota of 60,000 is met there will still be left over 200,000 nurses and their services and the services of all nurses up to 45 must be budgeted wisely if we are to get by in essential minimum civilian nursing.

Mr. FENTON. There is no point in educating a lot of girls to nurse if they won't participate in the war effort?

Dr. PARRAN. Generally speaking, the best estimate last year was that the Army would need only 20 or 25 percent of the nurses coming off the production line. Now the numbers have been increased and cadet nurses are responding and have responded in much larger proportion than other nurses.

Mr. FENTON. The services won't take nurses unless they have 6 months' training after having received 30 months of instruction; is that right?

Dr. PARRAN. They are not regular nurses. I think that is the best way to describe them.

Mr. FENTON. The Army will not take them unless they have that requirement?

Dr. PARRAN. It will take them in certain hospitals.

Mr. FENTON. We do know there is a great necessity, particularly overseas, for nurses. We have seen that with our own eyes. We do know that to be a fact, and I believe there is a question of fatigue. Do you happen to know the percentage of fatigue nurses overseas?

Dr. PARRAN. I do not have those figures.

Mr. FENTON. We are constantly getting letters along that line, of nurses who have been in service for a number of years now, and I know they are being overworked. I know of hospitals that have been sent overseas without any nurses or personnel for that matter. And we have to have nurses. But I believe an arrangement like they have for the procurement of physicians would be the best possible way in which to accomplish that objective.

Mr. THOMASON. Any further questions, Doctor?

Mr. FENTON. I think that is all.

Mr. THOMASON. Mr. Roe?

Mr. ROE. I am thinking about the hospitals. Probably the largest of the hospitals are operating on skeleton forces with fewer registered nurses than ever before. If some of these registered nurses are drafted under the terms of this act some of them are used in the training schools and won't that include the operation of the training schools possibly into the graduation of many of the students and therefore defeat the purpose of the legislation?

Dr. PARRAN. Such a result undoubtedly will happen, Mr. Roe, unless the Army makes its selections wisely, selections of those nurses who are doing the less essential work.

A minimum teaching staff obviously is necessary in the training schools if this unprecedented load of students is to be trained. If because of loss of students they cannot admit another large class then we are drying up the source of nurses and moreover taking out of the hospitals the nursepowers which, I repeat is taking care of 80 percent of the patients in the hospitals.

Mr. ROE. I think we have got to think something about the situation in the hospitals themselves, too. And if we are going to strangle them and strangle the training schools so as to turn out students who might be available under this legislation we certainly are not going to get the benefits of the legislation.

Dr. PARRAN. I agree with your statement, and it is because of the implications of that statement that I favor a real selective service.

Mr. ROE. I visited a hospital yesterday and the superintendent of the hospital was worrying about how to get the kitchen help out to get a meal out for yesterday's dinner. She had been in touch with the chief of police of the particular town because two or three of her male help had celebrated a little too strongly and she wound up by more or less agreeing to pay their fines in order to get them back so as to serve the kitchen. But in the meantime some of the registered nurses on duty and part of the staff in the hospital had to chip in.

If many of these nurses were drafted they could not pitch in and help civilians under such circumstances and it would be pretty hard to graduate these students so they would be made available under the terms of this proposed legislation.

Mr. THOMASON. Any further questions, Mr. Roe?

Mr. ROE. No.

Mr. THOMASON. Mr. Price.

Mr. PRICE. None.

Mr. THOMASON. Mr. Short?

Mr. SHORT. Mr. Chairman, all during this testimony I have maintained meticulous silence. I cannot refrain from saying that I think Dr. Parran is one of our best public officials. And I am as firmly convinced as I am of sitting here if you were granted authority and responsibility you would get these nurses without any legislation.

My brother married a nurse and my nephew did. I tried to but she was a smart girl. She did not want to nurse all of the time.

Doctor, we Members of Congress and the members of our committee are in a very painful position on this bill. This whole idea of singling out a certain portion of our citizenry and of selecting a certain class, Mr. Chairman, is obnoxious. It is so obnoxious that naturally we resent it, and yet nothing in the world is too good or good enough for our wounded men, so we are in a pot of boiling water.

I have an open mind on this legislation, but I have got to be convinced it is absolutely necessary. In fact, I think I am going to talk to you alone after we adjourn.

I think the doctor almost agreed with the gentleman from Idaho whose questions are in the record.

I have no more to say, Mr. Chairman, except I want a little sympathy today.

Mr. THOMASON. Mr. Elston.

Mr. ELSTON. No questions.

Mr. THOMASON. Mr. Brooks.

Mr. BROOKS. Doctor, I want to ask you some questions, as I did not quite finish when asking you before. I cannot quite follow you through on this. When we drafted the men we drafted everybody, not trainees. When you propose in the May bill to draft the nurses you propose to draft the registered nurses. If it is popular with the nurses and cadets to finish courses in order to get into the Army they are going in voluntarily. If it is not popular how are you going to better your situation by giving them the election of whether or not they will continue to the completion of the course, and how are you going to improve your situation by doing that?

Dr. PARRAN. That is a very good question, Mr. Brooks, and I would only say this: I think the American people are willing to do anything the Congress decides is necessary to win this war. I think that the women of the country are just as patriotic, if not more patriotic than the men. There is no group of women more patriotic than the nurses. On the other hand, at the moment there is nobody to decide whether one nurse really ought to go into the Army or not. If there were a requirement for all to go in I think that they would accept it as enthusiastically as any other group. I do not think they are slackers.

Mr. BROOKS. What about if the Public Health Service should tell these young ladies "You are needed in the armed services, therefore, we want you now to complete your work and get in the service"?

Dr. PARRAN. There are not enough of them to meet the Army needs in the next few months. I would emphasize in the strongest language I can we would still be in a fix on the civilian front.

Mr. BROOKS. You do not want selective service to regulate the home front?

Dr. PARRAN. I do not. But what I am saying is if a general selective service is passed covering all nurses I do not believe student nurses will desert the training schools. They will accept it.

Mr. THOMASON. Any other questions?

Mr. DURHAM. Doctor, at the present time do you feel like using all cadet nursing schools throughout the country?

D. PARRAN. Yes, sir; I think we are using the full training facilities of the country. In fact we have increased the training facilities by some 13,000 beds which General Fleming built for us.

Mr. DURHAM. At the present time is there any way to make for further extension of that facility? I know down in my country we had some difficulty which has been solved. We did not have sufficient facilities for housing. Is that bothering you anywhere in the country?

Dr. PARRAN. The Federal Works Agency has provided some 13,000 places by either building or leased dormitories. We might be able to squeeze 2,000 more in during the coming year.

Mr. DURHAM. Where do the others stay in the cities nearby?

Dr. PARRAN. Many of them are living in double decker beds and otherwise crowding up. There are still training schools which have asked for additional dormitories but as I understand there are no further funds available under the Lanham Act.

Mr. DURHAM. Have any hospitals refused to take them throughout the country?

Dr. PARRAN. None of them have refused.

Mr. DURHAM. There are only 200 outside of your whole training program?

Dr. PARRAN. That is right.

Mr. CLASON. Mr. Chairman, I would like to ask a question. What percentage of the senior cadets do you expect to graduate?

Dr. PARRAN. Practically 100 percent. But when a girl enrolls 28 to 30 percent drop out before graduation. That loss is not as great as the experience of other kinds of colleges.

Mr. CLASON. What percentage drop out?

Dr. PARRAN. 28 to 30 percent.

Mr. CLASON. This number you have down here in table I is almost 100 percent.

Dr. PARRAN. Excuse me, sir. There are no figures on drop-outs in table I.

Mr. CLASON. You feel these being senior cadets they will not be sufficient to supply the Army with its nurse needs?

Dr. PARRAN. That is my opinion. The Cadet Nurse Corps is too young to meet the Army's immediate needs.

Mr. CLASON. What is the proportion of these senior cadets you would not expect to go in the Army?

Dr. PARRAN. They have gone into the military in larger proportion than other nurses.

Mr. CLASON. In what proportion do they go in?

Dr. PARRAN. 40 percent of those who graduated up to January 1, 1945, which as you recall was the period when the public thought the war was ended. It does not include the peak enlistment since January 1, 1945.

Mr. CLASON. And the Government has been paying for their education?

Dr. PARRAN. It has.

Mr. CLASON. And yet only 40 percent of them go into Government service?

Dr. PARRAN. 40 percent went into military service. The other 60 percent are filling essential jobs on the civilian front. In that connection I would emphasize in spite of the quota for the Army it is a small proportion of the number needed for taking care of our civilian population.

Mr. ELSTON. May I ask a question there?

Mr. CLASON. I yield to Mr. Elston.

Mr. ELSTON. Do you know what it cost to train a cadet nurse?

Dr. PARRAN. From the beginning, over a 3-year period?

Mr. ELSTON. Yes.

Dr. PARRAN. Yes, sir. The total cost including uniform is \$1,274, on the average.

Mr. ELSTON. Per year?

Dr. PARRAN. For the 3 years.

Mr. SHORT. How many in training?

Dr. PARRAN. How many in training?

Mr. SHORT. Yes.

Dr. PARRAN. One hundred and five thousand.

Mr. SHORT. Doctor, has there been a real, genuine, intensive and vigorous effort of recruiting these girls?

Dr. PARRAN. That is a lot of adjectives.

Mr. SHORT. I want to make it strong. I want to know has there been?

Dr. PARRAN. There has been.

Mr. SHORT. Have you made an appeal through the Public Health Service?

Dr. PARRAN. Yes, we have.

Mr. SHORT. And the Army and the Navy has tried to do it?

Dr. PARRAN. Yes. The responsibility for recruiting for the Army is vested in the American Red Cross.

Mr. SHORT. What percentage of these nurses who tried to get in the Army have been rejected?

Dr. PARRAN. I do not have that figure. It may help if any representative of the Army Nurse Corps is here who can answer that.

Mr. SHORT. I would like to know.

Mr. THOMASON. Is there anybody present who can answer Mr. Short's question?

Mr. SHORT. What percentage is it? Thousands of them?

Dr. PARRAN. It is somewhat lower. The percentage of rejections, it seems to me I have in mind, is a figure of 18 to 20 percent for physical and 5 percent for professional reasons. Is that right, approximately?

Mr. THOMASON. You can supply that.

Mr. SHORT. Do you not think we could get a vast number by easing the Army standards or requirements, particularly with a woman who has passed the age by 5 hours and who did not get her application in before? She wants to get in.

Dr. PARRAN. If I were in General Kirk's place I would prefer to have those less qualified nurses do jobs on the home front. They need very physically fit girls for the Army.

Mr. SHORT. That is right.

Mr. CLASON. I understand the Government is spending \$105,000,000 on these girls and yet has not been able to get them into the Army?

Dr. PARRAN. There is no obligation on them to enter the service.

Mr. FENTON. Dr. Parran, Generals Kirk and Lull testified here a little over 2 weeks ago. Do you happen to know since that time how many nurses who enlisted were accepted?

Dr. PARRAN. I understand a representative of the American Red Cross is here and he will be prepared to give that information.

Mr. THOMASON. Mr. Roe.

Mr. ROE. Forty percent is the number that actually go into the Army. Of that balance of 60 percent educated by the Government in the hospitals are not a great many of them, particularly those who might be turned down and not meet physical qualifications, actively engaged in war plants, dispensaries, first-aid stations, and doing their part just as much as those who get into the service?

Dr. PARRAN. That is correct.

Mr. THOMASON. Dr. Parran, you have made a very complete and interesting statement for which the committee thanks you.

Dr. PARRAN. Thank you very much, Mr. Chairman.

(The following information was furnished by Dr. Parran:)

Relation between size of hospitals and schools of nursing participating in the U. S. Cadet Nurse Corps¹

Daily average patients	Number of schools of nursing	Percent of total
Less than 50	77	7.0
50 to 100	217	30.0
100 to 200	382	37.0
200 to 300	132	13.0
300 to 500	81	8.0
500 plus	59	5.0
Total	1,048	100.0

¹ Based upon 1,048 (complete listing in A List of Schools of Nursing Meeting Minimum Requirements Set by Law and Board Rules in the Various States and Territories, National League of Nursing Education, 1943) out of 1,108 schools of nursing participating in the U. S. Cadet Nurse Corps.

Mr. THOMASON. If there is anyone here who would like to leave a written statement for the record, we would be glad to have it and will place it in the printed proceedings.

Mr. BROOKS. Mr. Chairman, there has been a good deal of criticism in connection with Walter Reed Hospital as to the special nurses on duty there, and I would like to have printed in the record a letter I have just received from General Lull, major general, the Deputy Surgeon General of the Army, in analyzing the situation there as to the graduate nurses.

Mr. THOMASON. Without objection, it will be admitted for the record.

(The letter referred to is as follows:)

ARMY SERVICE FORCES,
OFFICE OF THE SURGEON GENERAL,
February 1, 1945.

Hon. OVERTON BROOKS,
House of Representatives, Washington, D. C.

DEAR MR. BROOKS: In compliance with your telephone request yesterday, the following information regarding the special nurses on duty at Walter Reed General Hospital is submitted:

Of the 18 special nurses presently on duty at that hospital, 12 are practical nurses and 6 are graduates. Of the 6 graduates, 1 is over age for military service and 2 have minor children. Three are eligible for military service if physically qualified. Of these 3, 2 are married.

These special nurses are employed in the care of patients hospitalized for the following conditions:

- Hypertension.
- Cardiovascular disturbance.
- Fractured hip and arteriosclerosis.
- Fractured hip and uremia.
- Carcinoma of breast (bilateral).
- Ureteral lithotomy.
- Hysterectomy.

Sincerely yours,

GEORGE F. LULL,
*Major General, United States Army,
Deputy Surgeon General.*

Mr. THOMASON. The committee will recess until 10:30 o'clock promptly on tomorrow.

(Whereupon, at 12:30 p. m., an adjournment was taken until tomorrow, February 7, 1945, at 10:30 a. m.)

PROCUREMENT OF NURSES

WEDNESDAY, FEBRUARY 7, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met at 10:30 a. m., pursuant to adjournment, Hon. Robert E. Thomason (chairman) presiding.

Mr. THOMASON. The committee will please come to order. We have met to further consider H. R. 1284, by Mr. May, of Kentucky, to insure adequate medical care to the armed forces, and other bills relating to the same subject.

The first witness that is on the list furnished by the clerk and the chairman is Admiral W. J. C. Agnew, Assistant Surgeon General of the Navy Department. Come around, Admiral.

STATEMENT OF REAR ADMIRAL W. J. C. AGNEW (MEDICAL CORPS), UNITED STATES NAVY, ACTING CHIEF OF THE BUREAU OF MEDICINE AND SURGERY

Mr. THOMASON. Admiral, you will proceed, please, with such prepared statement as you have, and then the committee will ask you some questions later.

Admiral AGNEW. My name is W. J. C. Agnew, rear admiral, Medical Corps, U. S. Navy, assistant to the Chief of the Bureau of Medicine and Surgery.

It is my understanding that the Navy Department has not yet submitted comment on this bill, and my comments thereon are as a representative of the Bureau of Medicine and Surgery only.

The Medical Department of the Navy is not expecting the acute difficulties of procurement of nurses which is facing the Army, but we appreciate the immediate need of the Army for nurses and for that reason wish to support the bill.

The Bureau of Medicine and Surgery considers 3 nurses per each 1,000 of total naval and Marine Corps personnel as the required number to meet service needs.

Mr. THOMASON. Pardon me. I did not catch that. Let me hear that again.

Admiral AGNEW. Three nurses per each 1,000 of total Navy and Marine Corps personnel as the required number to meet service needs.

The allowed quota for the Navy Nurse Corps will be 11,500 on June 30, 1945. As of January 31 there were 9,021 nurses on active duty. As of today there are 2,300 applications for appointment in the Navy Nurse Corps being processed. It is estimated that approximately 30 percent of these applicants will not meet the physical requirements or will not be appointed for failure to complete papers,

change of plans, and so forth. During the first week in January 1945, an average of 15 applications for appointment in the Navy Nurse Corps were received in the Bureau of Medicine and Surgery each day. During the last week of January the daily average of applications was 175, of which not less than 78 were from potential candidates. The number of candidates whose applications were processed and completed in January 1945 amounted to 556. The attrition from the Nurse Corps by reason of physical disability or for other causes is estimated at between 50 and 75 per month.

Mr. THOMASON. Pardon me, Admiral.

Mrs. Bolton, won't you and Mrs. Rogers join us on the committee?

Mrs. ROGERS. Thank you, Mr. Chairman.

Mrs. BOLTON. Thank you, sir.

Mr. THOMASON. We are delighted to have you. Are there any other members of the House present? If so, we would be very happy to have you sit up here with the committee.

All right, Admiral, you may proceed.

Admiral AGNEW. In other words, with 9,021 in the Navy Nurse Corps at present and 11,500 fixed as a probable maximum requirement, and taking normal attrition into account, we will need 2,804 additional nurses between now and June 30, 1945. Anticipating 1,610 appointments from the applications on hand, there will remain a balance of 1,194; that is, the Navy Nurse Corps must obtain each month from March through June some 300 qualified candidates. Thereafter, from 100 to 125 new appointments per month should offset our probable losses.

It is the policy of the Medical Department of the Navy to have a ratio of 1 nurse to every 20 patients in hospital ships or fleet hospitals and 1 nurse to every 12 patients in continental United States hospitals.

The number of cadet nurses who completed training in naval hospitals up to January 31, 1945, was 259, of which number 30 percent signified their intention to apply for appointments in the Nurse Corps of the Navy. The number who have actually applied so far is 31. The expected census of Cadet Nurse Corps undergoing training in naval hospitals as of March 1, 1945, is 329. The expected census as of April 1, 1945, is 485. As of May 1, 1945, 555. It is not anticipated the Navy will be in a position to materially increase this number of cadet nurses by reason of the fact that adequate quarters must be provided for them before they are accepted for training.

The procurement of nurses for the Navy has been principally from the Red Cross recruiting committee. However, after the President's message to Congress in regard to induction of nurses into the armed forces, the Naval Officer Procurement Service of the Bureau of Personnel was requested to assist in procuring nurses. It is believed the assistance rendered by the Naval Officer Procurement Service is largely responsible for the increased number of applications now being submitted.

In January, after the call for additional nurses for the armed service was issued, the requirement which necessitated the resignation or discharge of members of the Navy Nurse Corps by reason of marriage was canceled. Prior to the cancelation of this requirement approximately 100 nurses were released each month by reason of marriage.

It has not been considered feasible to modify the requirement that married nurses will not be accepted for appointment in the Nurse Corps Reserve, because of the fact that a majority of inquiries from married nurses indicate they desire appointments only if they can be assigned to duty in the vicinity of their homes. This, of course, is entirely impracticable.

I have not attempted to evaluate H. R. 1284 in relation to the technical requirements of the Selective Training and Service Act of 1940 which the bill would apply to registered nurses between the ages of 18 and 45. So far as concerns the Navy while, as I have stated, we are prepared to support any measure which will assist in meeting the problem of the Army, it is desirable that the present voluntary method of the recruitment of nurses shall be maintained as provided in section 5 of the bill. We further feel that it is essential to maintain the present high standards of the Nurse Corps and that we should, therefore, continue to commission the graduate registered nurses who are brought into the Navy. According to my understanding, that is the desire and intent of the Army. If Congress should determine that the Selective Service Act is to be applied to the nursing profession, the Bureau of Medicine and Surgery would recommend modification of the bill to make specific provision so that registered nurses selected and assigned to the Navy may be given commissioned status immediately.

There is one further point I would like to bring to the attention of the committee in connection with the Navy's desire to continue the voluntary recruitment of nurses, and that is that the Navy has followed the same procedure with respect to nurses that it has in the procurement of medical officers and dental officers. The Navy has not recruited any nurse who has not been declared available for military service by the Procurement and Assignment Service of the War Manpower Commission, and our recruitment has been entirely from the group of registered nurses who are unmarried and between the ages of 21 and 40.

That concludes my formal statement.

Mr. THOMASON. Admiral, you have made a very interesting statement and given us some interesting facts.

My feeling about this—and I have an idea it is that of most of the members of the committee—is that we want to make sure of the necessity of this legislation. I think the first thing for us to determine is as to the absolute necessity. If the emergency is such that it has to be done and that these nurses cannot be obtained by any kind of voluntary method, it is my own feeling that we will do anything that is necessary to meet the emergency, because our wounded must be taken care of; but, as I understand it, speaking for the Navy, you feel that legislation of this character is absolutely necessary under the present emergency situation?

Admiral AGNEW. The Navy supports the Army in that, sir. Our data indicates that the Navy will have their required allowance in about 3 or 4 months; that is, all of the 11,500. But we appreciate the fact that the Army has a much more serious problem and needs many more nurses than the Navy does.

Mr. THOMASON. Are we to understand, then, in the next 4 months you will get the nurse recruitments of the Navy by voluntary methods?

Admiral AGNEW. Yes, sir.

Mr. THOMASON. Do you have some questions, Mr. Sparkman?

Mr. SPARKMAN. Of course, your requirements are much smaller than those of the Army?

Admiral AGNEW. Yes, sir.

Mr. SPARKMAN. You only estimate a total number of 2,804 by June 30?

Admiral AGNEW. Yes, sir.

Mr. SPARKMAN. And of that number you think you will get 1,610 out of applications that are now pending?

Admiral AGNEW. Yes, sir.

Mr. SPARKMAN. What was the total number of those applications now pending or that have been filed recently?

Admiral AGNEW. Two thousand three hundred, sir.

Mr. SPARKMAN. Two thousand three hundred. Now, what percentage of those would you say would be rejected?

Admiral AGNEW. We estimate 30 percent will be rejected, either by physical reasons or because they do not complete their application.

Mr. SPARKMAN. So the 70 percent you would get would give you the 1,610?

Admiral AGNEW. Yes, sir.

Mr. SPARKMAN. And would leave you only 1,194 which you anticipate needing between now and June 30?

Admiral AGNEW. Yes, sir; taking in our prospective attrition, we would need 1,194, sir.

Mr. SPARKMAN. Admiral, there has been some criticism directed to us regarding the use of nurses in doing jobs that are not strictly professional. What comment do you have on that so far as the Navy is concerned?

Admiral AGNEW. A small number of nurses are assigned temporarily for short periods of time and in rotation to nonnursing positions, such as in charge of the linen room for a period of a month or two or in the diet kitchens. We think that is necessary in order to prepare these nurses for similar duties or duties of responsibility when they go to our foreign bases.

Mr. SPARKMAN. In other words, you would say there is not any unnecessary assignment of nurses to strictly administrative work or to nonprofessional duties?

Admiral AGNEW. That is right. Any nonprofessional is merely to indoctrination and instruction.

Mr. SPARKMAN. You think the Navy is getting full use of its nursing personnel?

Admiral AGNEW. Yes, sir; I do.

Mr. JOHNSON. Would the gentleman yield for just one question?

Mr. SPARKMAN. I yield for a question.

Mr. JOHNSON. Could you put in the record, Admiral, what is the customary ratio of nurses doing administrative work compared to the total number of nurses?

Admiral AGNEW. I do not know what you mean.

Mr. JOHNSON. Is it 1 nurse in 50, or 1 in 10? What is the customary ratio? I understand so many are doing administrative work and the rest are doing technical nursing work?

Admiral AGNEW. It would be a very small percent. Of course, that would go according to the hospitals. We probably have one in the

hospital in rotation, for instance, in the diet kitchen, and in linen room, and then there would be hospitals with only one nurse in this work.

Mr. THOMASON. Can you not supply that for the record?

Admiral AGNEW. We will submit that for the record; yes, sir.

(The statement referred to is as follows:)

In the present number of 9,000 nurses, the ratio of nurses assigned to supervision of diets is 1 to 50; the number covering all other types of administrative work is 1 to 45.

Mr. SPARKMAN. Admiral, how many nurses do you have in the Navy Department here in Washington?

Admiral AGNEW. Six, sir.

Mr. SPARKMAN. What are their jobs?

Admiral AGNEW. They are administrative. They are in the superintendent's office to handle personnel details and instructions and matters of that nature.

Mr. SPARKMAN. What about first-aid stations? Do you use them in that type of work also?

Admiral AGNEW. Not in the first-aid stations in the Navy Department. We have nurses assigned to the naval dispensaries only.

Mr. SPARKMAN. How many of those?

STATEMENT OF CAPT. SUE DAUSER, DIRECTOR, NAVY NURSE CORPS, UNITED STATES NAVY

Captain DAUSER. You mean taking care of naval personnel?

Mr. SPARKMAN. Yes.

Captain DAUSER. About 32. These are Navy nurses working in the dispensaries for naval personnel. The nurses working in the first-aid stations are not Navy nurses.

Mr. SPARKMAN. Are they civilians?

Captain DAUSER. Yes.

Mr. SPARKMAN. They are civilians?

Captain DAUSER. They are in the building taking care of first-aid rooms.

Mr. THOMASON. Will the gentlemen yield there?

Mr. SPARKMAN. Yes, Mr. Chairman.

Mr. THOMASON. Under whose jurisdiction are they?

Captain DAUSER. The ones we speak of as taking care of naval personnel in the Navy Department are Navy nurses.

Mr. SPARKMAN. Are they civil-service employees?

Captain DAUSER. Are you thinking of the ones who belong to the dispensaries?

Mr. SPARKMAN. As to these 32, are they naval personnel or in the dispensaries?

Admiral AGNEW. Those are naval personnel. The nurses who look after the employees in the Department buildings are civil service.

Mr. SPARKMAN. How many of those, sir?

Admiral AGNEW. I do not know, sir.

Mr. SPARKMAN. Admiral, you said something a few minutes ago about your method of taking nurses or you would recommend under the legislation that it would be somewhat the same as followed in the taking of doctors. Of course, some regard there is given to the need of local communities, and so forth?

Admiral AGNEW. Yes, sir.

Mr. SPARKMAN. As I recall, I was told there ought to be one doctor for so many hundred persons. I wonder what the ratio is with regard to nurses?

Admiral AGNEW. I am not familiar with that. I think Miss Switzer of the War Manpower Commission is here and can give you that information.

Mr. SPARKMAN. But it would be your thought that this procurement service ought to be given careful consideration in connection with this legislation?

Admiral AGNEW. Yes, sir.

Mr. THOMASON. Mr. Arends.

Mr. ARENDS. Admiral, do you feel this legislation is necessary purely from the standpoint of the Navy Department who will be able to secure the number of nurses you need during 4 to 6 months?

Admiral AGNEW. That is right, sir.

Mr. ARENDS. You said approximately there was a rejection of 30 percent of the applications. What is the reason, lack of education?

Admiral AGNEW. No, sir; they do not complete their application or they fail physically.

An applicant submits an application to the Bureau of Medicine and Surgery. Then she is authorized to go to a naval activity for physical examination. Her application is not complete when authorized, but then she must obtain data from the nursing school she graduated from and places where she was assigned to duty or worked. Also the question of citizenship must be checked up.

Mr. ARENDS. That is all.

Mr. THOMASON. All right, Mr. Sikes.

Mr. SIKES. Admiral, you have stated you will be able to meet Navy's needs by voluntary recruitment. Does it follow you will be able to meet Navy's needs much more readily if you do have selective service of nurses?

Admiral AGNEW. Yes, sir; we will.

Mr. SIKES. You spoke of married nurses. Do you have any figures on the number of married nurses who might be available, but are not now being used simply because of the fact that they are married?

Admiral AGNEW. No, sir; I have not.

Mr. SIKES. Can those figures be obtained and put in the record?

Admiral AGNEW. I think the War Manpower could furnish those figures. We have not those figures in the Navy Department.

Mr. THOMASON. There is a representative of the War Manpower Commission here who will testify.

Mr. SIKES. Would it be your policy to draft the nurses if you did have this legislation?

Admiral AGNEW. We prefer unmarried nurses, sir. They can be assigned to overseas duty and duty on our hospital ships, and it would not be necessary to retain them within continental limits.

Mr. SIKES. Is your policy the same as the Army's with reference to the nurses graduating from the smaller hospitals?

Admiral AGNEW. Yes, sir.

Mr. SIKES. You do not take the nurses graduating from the smaller hospitals?

Admiral AGNEW. No, sir, because we consider the nurses graduating from the larger hospitals better.

Mr. SIKES. Supposing they met all the requirements and standards set by the State board of health, the American Medical Association, and the College of Physicians and Surgeons, do you think the mere fact that they graduated from a small college should bar them from any consideration?

Admiral AGNEW. If we took them it would be necessary to put them under a period of instruction before they could be assigned.

Mr. SIKES. Is not that a rather arbitrary consideration, the fact that they graduate from a small hospital which requires additional training and keeps them from being qualified in your program?

Admiral AGNEW. If this selection of nurses was adopted and those people were included we would be obliged to take them.

Mr. SIKES. Then you would be in the position of drafting the same nurses you bar from your program now?

Admiral AGNEW. Yes, sir.

Mr. SIKES. That is all.

Mr. THOMASON. Mr. Clason.

Mr. CLASON. What is the total number of nurses the Navy will have at the end of 4 months?

Admiral AGNEW. We estimate 11,500, sir.

Mr. CLASON. In your program of the Navy did you always build up to higher figures or did you at one time set a higher figure and drop down from it?

Admiral AGNEW. No, sir.

Mr. CLASON. In other words, you never set a ceiling you needed 40,000 or 50,000 or 60,000?

Admiral AGNEW. No, sir, we never done that, and never appointed more than we thought necessary.

Mr. CLASON. In going up how many more a month do you people figure you need from now until the end of the war?

Admiral AGNEW. Until June, sir, about 300 a month. After that approximately 100.

Mr. CLASON. In other words, you feel that the peak of the load on the recruitment is going to be up until July 1st?

Admiral AGNEW. Yes, sir.

Mr. CLASON. Why do you say after that period it will drop now?

Admiral AGNEW. By reason of attrition, by reason of casualties or retirements or other reasons.

Mr. CLASON. Would you not say they will also reach a peak on July 1 in the Army as to nurses?

Admiral AGNEW. I am not qualified to say on that.

Mr. CLASON. But as far as the war is concerned the Navy will be fighting just as hard on July 1?

Admiral AGNEW. Yes, sir, we will.

Mr. CLASON. So you would expect the same need for nurses to apply as in the Army, would you not?

Admiral AGNEW. I cannot comment on that, sir. I think a representative of the Surgeon General of the Army or the Army can give you that information.

Mr. CLASON. After July 1st 100 a month will take care of your increase?

Admiral AGNEW. No, sir. We estimate 11,500 will be the maximum number; 100 to 125 will be replacements.

Mr. CLASON. So the 100 a month after that is just replacement?

Admiral AGNEW. Yes, sir; for attrition.

Mr. CLASON. When do you expect the peak number of Navy patients to be in the hospital, before the end of the war or at some period after the end of the war?

Admiral AGNEW. The peak number probably will be during the war, but we will have our hospitals pretty well loaded with patients after the war because as I see it I do not anticipate the Veterans' Administration will be able to handle all of their beneficiaries and the Army and Navy hospitals will have to care for a large number of them.

Mr. CLASON. This may seem unusual, but do you expect the peak number of patients you will have will be reached on July 1st of this year?

Admiral AGNEW. No, sir; I do not.

Mr. CLASON. You think you will still have a peak number of patients?

Admiral AGNEW. Yes, sir.

Mr. CLASON. But the number of nurses on July 1 will be able to take care of any number you have in the hospitals even though it is larger than on July 1st?

Admiral AGNEW. Yes, sir.

Mr. THOMASON. Mr. Martin.

Mr. MARTIN. Admiral, you did not complete your answer to the question by Mr. Sikes as to whether you would accept married nurses if they were assigned to you on the draft. You said you preferred unmarried nurses but you did not say whether you would accept them or not?

Admiral AGNEW. That matter is now under advisement as to whether or not we will modify our regulations and accept married nurses.

Mr. MARTIN. If we go out and draft nurses and that becomes the policy of the Nation you are not planning to draft the married nurses along the lines of that principle?

Admiral AGNEW. Yes, sir; if married nurses were drafted we would accept married nurses.

Mr. MARTIN. Now, you stated you were approximately discharging 100 a month or so because of their being married?

Admiral AGNEW. Yes, sir.

Mr. MARTIN. Do you know how many the total number amounts to now, say, who have been discharged in the last 2 or 3 years?

Admiral AGNEW. We could supply those figures for the record. I have not them available right now.

(The statement referred to is as follows:)

The number of nurses who have resigned to marry in the last 3 years are as follows:

1942	-----	214
1943	-----	642
1944	-----	1,362

Mr. MARTIN. Suppose they waived this matter of service away from their homes and made themselves available for duty in foreign service; do you still feel that they should not be accepted upon volunteering?

Admiral AGNEW. Our policy is now we will take a widowed nurse or divorced nurse, and if the nurse has children we must be assured adequate provision has been made for her dependents.

MR. MARTIN. But if she does not fit into one of those categories you still deny her the privilege of volunteering, even though she would waive this matter of any objections she might have to service away from her home?

Admiral AGNEW. If this selection was passed and included married women we would take in those nurses and assign them.

MR. MARTIN. I am talking about volunteering. If all these married nurses volunteered we are talking about for Navy duty and would be immediately available for service and would be willing to waive any point about foreign duty as I understand it you still would not take them under your present policy when they are volunteering?

Admiral AGNEW. Under our regulations now, sir, we are not permitted to accept married nurses, regardless of their wishes about foreign service.

MR. MARTIN. But you are just saying there is a regulation, are you not? The answer I am looking for is cannot the regulation be changed?

Admiral AGNEW. That can be changed. There is a regulation in process of being submitted to the Secretary to take married nurses who were separated in the last year.

MR. MARTIN. That is now under study?

Admiral AGNEW. Yes, sir; that is being prepared for the Secretary.

MR. MARTIN. I am glad to hear that because it puts you in rather an inconsistent position to come here and say that you draw the line at the Navy specified nurse and you would be unwilling to waive objections and say you would use her, and at the same time come here and advocate a draft policy. It puts you in an inconsistent position. I just cannot follow it.

Admiral AGNEW. That recommendation to the Secretary is in the process of preparation right now, sir.

MR. MARTIN. You are here now supporting this legislation because you feel the Army needs it and not because you think the Navy needs it?

Admiral AGNEW. That is right, sir.

MR. MARTIN. That is all.

MR. THOMASON. Mr. Holifield.

MR. HOLIFIELD. No questions.

MR. THOMASON. Mr. Elston.

MR. ELSTON. Admiral, in the event this legislation should pass and they began to draft nurses would the Navy then waive its present regulation about taking nurses who have had experience only in the larger hospitals?

Admiral AGNEW. If that type of nurses were included in the draft we would have to accept that. We would have to change our regulations.

MR. ELSTON. I am interested in knowing what a nurse gets in a hospital with 60 beds that she does not get with a hospital with 50?

Admiral AGNEW. As a matter of fact, Congressman, a 50-bed hospital may have only one neuropsychiatric case during the year or the whole time in training, whereas in a hospital with two or three hundred beds I would say there would probably be 50 or 60 of them, and the same thing applies to pediatrics, obstetrics, and every other branch of medicine.

MR. ELSTON. Some of the larger hospitals do not have any psychiatric wards; is not that true?

Admiral AGNEW. I just mentioned that as one of the specialties. The smaller hospitals do not have the variation of conditions and diseases or the number of cases during this period of training.

Mr. ELSTON. How much training is there in the smaller hospital? You say you take them and give them further training. How much do you give them?

Admiral AGNEW. We do not take them, Mr. Congressman. If we did we would consider 4 to 6 months sufficient training.

Mr. ELSTON. If you were to take the nurses under this legislation, assuming it were passed, would you give them that same course of training?

Admiral AGNEW. Yes, sir; if they came from the 50-bed and less hospitals.

Mr. ELSTON. Then if you proceeded to draft nurses before they could render service they would have to take 4 to 6 months?

Admiral AGNEW. Yes; they would have to.

Mr. SPARKMAN. Will the gentlemen yield at that point?

Mr. ELSTON. Yes.

Mr. SPARKMAN. Admiral, General Kirk testified even if a nurse graduated from a smaller hospital if she had done 9 months in a larger hospital she would be acceptable. Does that same rule apply in the Navy?

Admiral AGNEW. That is all right.

Mr. THOMASON. Mr. Elston.

Mr. ELSTON. That is all.

Mr. THOMASON. Mr. Roe.

Mr. Roe. Admiral, you made a statement that you would probably need only 100 nurses after July 1. Now we have an increased Navy program and this additional money that has been appropriated means a greater naval activity in battles it would seem to me you would need more than 100 nurses. I should think you would have some need insofar as the Navy is concerned, just as much as the Army does, although possibly you would not. Is not that a rather conservative estimate of 100 after July 1, anticipating you are having a larger and increased personnel, and also very possibly some naval engagements that might have more casualties or more sickness among a larger number? Is not there somewhat a possibility of that?

Admiral AGNEW. Our estimates come from the Operations Office, which establishes the maximum number and the ceiling on personnel. That includes nurses, doctors, medical officers, dental officers; and those are the figures they have given us. The number of nurses is stated as 11,500. If the Navy increased in size I anticipate that there would be an increase in the Nurses Corps.

Mr. Roe. And if they are you feel you should go ahead then rather quickly?

Admiral AGNEW. Yes, sir.

Mr. THOMASON. Dr. Fenton.

Mr. FENTON. Admiral, section 4 of this bill calls for between the ages of 18 to 45. As a matter of fact, no girl 18 years of age can become a qualified nurse in most of the States. As to that particular provision as to an 18-year-old, in view of the fact that you do not take any nurses except 21 to 40 is rather nonsensical, and do you not think it is rather nonsensical to register all of those girls 18 to 20?

Admiral AGNEW. I understand that recommendation was prepared by some facility other than the Navy.

Mr. FENTON. It certainly was not prepared by any medical authority.

Admiral AGNEW. I do not recall of any nurse graduating at the age of 18, sir.

Mr. FENTON. I believe you are entirely right so far as registering qualified women are concerned.

How many corpsmen have you people got in the Navy?

Admiral AGNEW. As of February 3 of this year we had 123,190, of which 12,549 were WAVES.

Mr. FENTON. And what are the duties of those corpsmen? Do they do nursing work?

Admiral AGNEW. Yes, sir. They are charged with the care of the sick and wounded and where nurses are available they are supervised by a nurse. The nurse also does the actual nursing care of all serious cases, either officer or enlisted personnel. These corpsmen are trained to serve on their ships at sea or with the marines in the field, and when so serving they must care for all of the nursing.

Mr. FENTON. What are the chances for advancement of those corpsmen? What are the promotions?

Admiral AGNEW. At the present time we have approximately 3,000 of the corps men who hold officers' ranks from warrant officer and chief warrant officer to ensign, lieutenant j. g., and lieutenant commander in the Hospital Corps.

Mr. FENTON. Now, much has been said about the nurse cadets in the Army program. Do you know whether any of those recent graduates from this Nurse Cadet Corps have been recruited into your program?

Admiral AGNEW. We have 31 of the total of 239 who completed their training in naval hospitals up to January 1931. Thirty-one have applied for appointment in the Nurses Corps.

Mr. FENTON. Nurses in the Cadet Corps?

Admiral AGNEW. Yes, sir.

Mr. FENTON. Have any been accepted?

Admiral AGNEW. Two have already been accepted.

These 31 have been approved and their appointments will go out to them.

Mr. FENTON. Do you use a Red Cross Nurses aide?

Admiral AGNEW. No, sir.

Mr. FENTON. That is all.

Mr. THOMASON. Mr. Price.

Mr. PRICE. No questions.

Mr. THOMASON. Mr. Johnson.

Mr. JOHNSON. Admiral, is the service of your nurses devoted exclusively to enlisted personnel and officer personnel of the Navy?

Admiral AGNEW. I do not quite understand the question; sir.

Mr. JOHNSON. What I am thinking about is this: I know of a navy yard in my area where they have 38,350 civilian employees. Is any of your time devoted to taking care of those civilians?

Admiral AGNEW. If a civilian has an accident, an emergency case, he or she can be brought to the naval dispensary. If a nurse is there she will assist the doctor in caring for this emergency.

MR. JOHNSON. Let us put it a little differently. Is the medical service for those civilian cases supported and furnished by the Navy?

Admiral AGNEW. Yes, sir.

MR. JOHNSON. How many of your 9,000 nurses do that kind of work.

Admiral AGNEW. I could supply those figures for the record, sir, as to how many are detailed to navy yard duty.

Mr. JOHNSON. I wish you would do so.

(The statement referred to is as follows:)

The number of nurses detailed in the navy yard duty on February 1, 1945, was 75. These nurses are in the naval dispensaries where emergency care only is given to civilians.

Mr. JOHNSON. And also is there a policy with reference to furnishing care to industrial workers which does not contemplate the use of naval personnel and Navy nurses?

Admiral AGNEW. We do not furnish medical personnel for anything other than emergencies.

Mr. JOHNSON. Just emergencies at those installations?

Admiral AGNEW. Yes, sir.

Mr. JOHNSON. Do you furnish all of that or is there also some civilian personnel?

Admiral AGNEW. Some of the yards have civil-service personnel.

Mr. JOHNSON. They handle medical problems and emergencies?

Admiral AGNEW. They handle medical problems, but the actual emergency cases are treated by the Navy doctors or the corpsmen.

Mr. JOHNSON. Will you put in the record the number of nurses engaged in this civilian work?

Admiral AGNEW. Yes, sir; we will.

(The statement referred to is as follows:)

The number of nurses detailed to industrial plants in the Navy on February 1, 1945, was 121. These nurses are in naval dispensaries where care is given to naval personnel and emergency care to civilians.

Mr. THOMASON. Mr. Durham.

Mr. DURHAM. No questions.

Mr. THOMASON. Mr. Arends.

Mr. ARENDS. Admiral, I would like to ask one more question. As you claim as to your case you need approximately 1,100 or 1,280 more nurses and you advocate that they be accepted immediately?

Admiral AGNEW. Yes, sir.

Mr. ARENDS. Most of those would be accepted as ensigns?

Admiral AGNEW. Yes, sir.

Mr. ARENDS. Because of the history of your set-up there would not be any opportunity for any nurse going into the Navy to receive a commission higher than an ensign?

Admiral AGNEW. No, sir.

Mr. ARENDS. And they would probably all stay ensigns, would they not?

Admiral AGNEW. No, sir. They are promoted from ensign to lieutenant, j. g. about the same time that the other female officers in the Navy are promoted.

Mr. ARENDS. That is all.

Mr. SPARKMAN. In that connection there is no distinction between the female and the male in lower grades?

Admiral AGNEW. No, sir.

Mr. SPARKMAN. They are all promoted under blanket Executive order, are they not?

Admiral AGNEW. As to the officers male and female, there is a recommendation now before the Secretary of the Navy that the nurses be placed on the same promotion scale.

Mr. SPARKMAN. And if that should be they would be promoted exactly as other officers are?

Admiral AGNEW. Yes, sir.

Mr. SPARKMAN. In the lower grades?

Admiral AGNEW. Yes, sir.

Mr. WINSTEAD. Admiral, do you have the number of applicants for October, November, and December in 1944 and the number in January 1945?

Admiral AGNEW. I will have to supply that for the record.

Mr. WINSTEAD. And be sure to include January 1945.

Mr. THOMASON. You will supply that for the record?

Admiral AGNEW. Yes, sir.

(The statement referred to is as follows:)

The number of applicants for the designated months are as follows: October 1944, 264; November 1944, 380; December 1944, 385; January 1945, 855.

Mr. THOMASON. Mr. Martin.

Mr. MARTIN. Admiral, about this question Mr. Sparkman asked you a minute ago, how long a period of service must an ensign have to reasonably expect a promotion to junior grade?

Admiral AGNEW. It has been 2 years, Mr. Congressman, but it is going down to about 18 months from now on.

Mr. THOMASON. Mr. Elston.

Mr. ELSTON. Admiral, could you also supply when you furnish the information Mr. Winstead requested the number of nurses who have been rejected because they were trained in the smaller hospitals?

Admiral AGNEW. We have not received any application from that type of people, sir.

Mr. ELSTON. You do have a rule against it?

Admiral AGNEW. They would apply to the Red Cross and the Red Cross would inform them the Navy does not accept them. We have not any actual applications sent into the Bureau of Medicine and Surgery.

Mr. ELSTON. You would have to get that from the Red Cross?

Admiral AGNEW. Yes, sir.

Mr. THOMASON. We will get that later.

Mr. Fenton.

Mr. FENTON. Admiral, I wonder if you would care to comment on the differences between the requirements of the Army and the Navy?

Admiral AGNEW. I am not in a position to comment on the requirements for the Army. I would be pleased to comment on any requirements for the Navy.

Mr. FENTON. What are the physical requirements for the Navy?

Admiral AGNEW. Physical requirements? We now take them in 59 inches tall, 100 pounds weight, up to 70 inches tall and normal weight 142 pounds.

Mr. FENTON. What about the eyes?

Admiral AGNEW. The eyes: 6-20 vision. That is, corrected to 20-20, by glasses.

Mr. THOMASON. Thank you very much, Admiral.

Admiral AGNEW. Thank you, gentlemen.

Mr. THOMASON. The next witness who wishes to get away from town is Dr. Donald C. Smelzer. Come around, Dr. Smelzer.

STATEMENT OF DR. DONALD C. SMELZER, PRESIDENT, AMERICAN HOSPITAL ASSOCIATION

Mr. THOMASON. You are Dr. Donald C. Smelzer, president of the American Hospital Association?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. Do you care to make a statement?

Dr. SMELZER. I have a prepared statement and then I am prepared to answer any questions.

I speak to you as president of the American Hospital Association, representing a major number of the non-Federal hospitals in the United States. The hospitals are of necessity immediately concerned with actions taken by this committee striving toward the acquisition of the necessary number of graduate nurses for the armed services, and we are sure it is also to your interest that those nurses remaining in civilian life will be available insofar as possible for the maintenance of civilian hospitals, training schools for nurses, and community health, which, as I need hardly point out, has a direct bearing on the prosecution of the war.

The hospitals of this country have had large responsibility in the training of student nurses. Almost without exception the schools for nurses are operated as an integral part of our hospitals. Hospitals also have a major concern in the training of physicians, both in undergraduate and postgraduate education.

The committee will understand that trained physicians and nurses have been available to the armed services because of the training given by civilian hospitals. No other group has been drawn on for the military services more heavily in proportion to the total source available to the country, and in most cases with little additional training required after induction. The hospitals take pride in the part they have played in preparing this large number of skilled professional workers for the armed services.

I should like to emphasize our particular interest and concern, that there be an adequate supply of nurses available for the armed services.

I should like to emphasize our particular interest and concern, that there be an adequate supply of nurses available for the armed services. Our association is fully in accord with the thought that these needs must be met promptly and in full. We do hope that in meeting these needs an orderly progress can be developed by which, wherever possible, nurses selected may come from those now engaged in non-essential nursing activities, and that further, the classification system in effect on a voluntary basis under the Procurement and Assignment Service for Nurses of the War Manpower Commission may be given authority so that remaining nurse resources may be channeled into essential civilian nursing duties.

On January 16, 1945, I addressed a letter to President Franklin D. Roosevelt, expressing certain of these thoughts, and submit a copy of this letter for your information.

(The above letter is as follows:)

AMERICAN HOSPITAL ASSOCIATION,
Philadelphia, Pa., January 16, 1945.

The Honorable FRANKLIN D. ROOSEVELT,
The White House, Washington, D. C.

DEAR MR. PRESIDENT: Your recent message to the people of the United States emphasizing the immediate necessity of obtaining a larger number of nurses for the Army involves a situation of immediate concern to all hospitals.

Procurement and Assignment for Nurses was organized to facilitate the distribution of nurses so as to meet all of military requirements, and, with the nurses who remained, to maintain civilian nurses at as satisfactory a level as possible throughout the Nation. As a result of new methods and the threat to apply force through a draft or selective service amendment many nurses are applying and being accepted for commissions irrespective of their classification by Procurement and Assignment. The American Hospital Association appreciates the feeling of uncertainty on the part of any patriotic nurses who now question whether they are in fact doing their part by remaining in essential civilian jobs in hospitals. The American Hospital Association also is not only sympathetic with the effort to obtain the number of nurses required by the military services at once but is ready, as in the past, to do everything necessary to aid in meeting the need of the armed forces.

Recognizing the delays which necessarily accompany the enactment of legislation to meet manpower problems including nurses and believing that until such legislation has been discussed and disposed of one way or the other, that there will be an intermediate period of confusion and uncertainty on the part of nurses and hospital administrators as to essentialness of individual nurses in a civilian job, our council on professional practice has requested that I, as president of the American Hospital Association, respectfully call to your attention the desirability of taking all possible steps to shorten the period of uncertainty and to maintain and strengthen the functions of Procurement and Assignment for Nurses in meeting civilian needs.

It is the opinion of the American Hospital Association, now that the need is known, that nurses will be obtained very rapidly. This belief is based on the certainty of the patriotism of nurses and hospitals and on the effectiveness with which Procurement and Assignment for Physicians has functioned. The American Hospital Association feels very strongly that utilization and strengthening of the Procurement and Assignment mechanism for nurses is a necessary requisite to the satisfactory distribution of all nurses.

I am sure that you will understand the willingness of the American Hospital Association and all our hospitals to meet all military needs and that this letter is not directed at any specific legislative proposal.

Respectfully,

DONALD C. SMELZER, M. D.,
President.

Dr. SMELZER. On January 26, 1945, I further addressed a letter to the institutional members of the American Hospital Association giving them information as to the present critical situation in regard to nurses and making suggestions to them which may be of interest to the committee. I, therefore, submit a copy of that letter. It reads:

JANUARY 26, 1945.

To: Institutional members of the American Hospital Association.

From: President Donald C. Smelzer, M. D.

The nursing situation is becoming increasingly acute. I write to you realizing your concern and with the hope that we may meet the present situation in an effective manner. There is need for your counsel. In the interest of the war effort, both military and civilian, we must try to work out the best possible course of action.

With this thought in mind, I wish to outline for you certain facts and conclusions as I see them:

1. Military needs are of primary importance. Other needs are secondary.
2. The Army requires ten to twenty thousand or more nurses immediately and these needs must be met immediately.

3. Procurement and Assignment for Nurses of the War Manpower Commission was organized at the request of the National Nursing Council for War Service to classify nurses as to essentialness of position. It has not at any time been a procurement agency, nor has it had any basis for forcing transfer of nurses from non-essential to essential nursing. The American Red Cross is the official procurement agency for the Army and Navy and up to January 22 has been recruiting nurses for the services in close cooperation with the so-called Procurement and Assignment Service which classified nurses as to availability and essentiality.

4. Because the need is immediate and the mechanism described in 3 cannot, in the judgment of the Army and the Red Cross, furnish the necessary number of nurses with the required speed, the Army and the Red Cross effective January 22 will ignore the classifications established by Procurement and Assignment and will accept the application of any nurse who wishes to apply for a commission. This decision was made without consultation with the American Hospital Association.

5. It may be possible that a few nurses in the most essential positions may not be accepted for enlistment on the statement of all the circumstances and with the endorsement of the chairman of the State committee on Procurement and Assignment for Nurses. This procedure has not been fully worked out and will certainly only be effective for a small number of nurses. In case of acute need, hospitals should consult their State chairman of procurement and assignment for Nurses for advice.

6. The American Hospital Association, the National Nursing Council for War Service, the administrative personnel of various nursing organizations, and many other well-informed persons believe that the abolition of Procurement and Assignment for Nurses in the procurement picture would contribute to a chaotic situation in the ability of local communities to meet civilian hospital nursing needs. However, recognizing with deep concern the inability at the present time to suggest an immediate workable substitute for the abolition of classifications, the American Hospital Association deems the Army's present urgent need to be of such paramount importance that it urges hospital administrators to assist the Army in every possible way in securing the nurses which are now so urgently needed.

7. The American Hospital Association believes that the induction of 20,000 nurses by voluntary enlistment will seriously deplete nursing staffs in many civilian hospitals and communities. It is recommended that hospital administrators interpret to their communities the number of nurses who have already entered the service, the increase in the use of the hospital for civilian purposes, the measures which have been taken to obtain satisfactory substitute methods for rendering service, and the ability that the hospital will retain to meet community needs after the community has met the latest demand of the services for additional nurses. A careful interpretation to the public in many communities can be expected to yield the necessary nurses for the Army at least in part from nurses in nonessential activities, or to assist hospitals to meet civilian needs by bringing nonhospital nurses into hospital service to replace those who now go into military service.

8. It has already been necessary for some hospitals to close wards because of lack of nursing service. The needs of the military being primary, it becomes necessary for the hospital administrator to interpret to the public the limitations of hospital service for civilian needs and to stimulate the public to utilize those measures which will temporarily alleviate the need for hospitalization. In other words, if it is necessary to close wards, they are being closed on the soundest reasons imaginable, namely, the necessity for taking care of military casualties. The public should be so informed and should be willing to defer elective operations, to channel existing nursing and other nursing aide facilities not now in hospital service to the hospitals or to military service.

9. The American Hospital Association recognizes—

"(a) That in all probability the war may last for some time and that emergency demands for additional nurses for the Army and Navy may arise again at a later date.

"(b) That an emergency demand for Veterans' Administration nurses is in the immediate offing.

"(c) That without Procurement and Assignment and without a national service act the bulk of the nurses for the above needs will be taken from nurses now working in hospitals.

"(d) That no provision now remains to stabilize the supply of nurses available to civilian hospitals.

"(e) That the necessity for a planned and discriminatory system of maintaining minimum civilian nursing staffs is similar to and of equal importance with the need for maintaining civilian physicians."

10. Therefore, the American Hospital Association has directed a letter over the President's signature to President Roosevelt urging the strengthening of Procurement and Assignment. It also believes that a national registration of all nurses and a legal basis for assigning them to civilian hospitals and to military service in accordance with the classification of needs arrived at by Procurement and Assignment is necessary to the continued satisfactory fulfillment of military and civilian nursing needs.

11. As stated in the preceding paragraphs, hospital administrators are urged to consider the immediate demand for 20,000 nurses as a primary must. The American Hospital Association during the ensuing weeks urges communities whose civilian hospital service is severely impaired by an absence of available nurses to furnish through their hospital administrators detailed reports to the association headquarters at 18 East Division Street, Chicago 10, Ill. These reports should include not only the seriousness of the shortage but should also describe the measures which have been taken to reduce nonessential hospitalization, and other measures as a substitute for trained nursing care. Such reports will greatly assist in developing measures which will help meet the civilian hospitals' needs without detriment to the military services.

Dr. SMELZER. It will be noticed that in the letter to the hospitals of the country it was suggested that they write to the American Hospital Association as to their present thinking on this matter. I have had a large number of replies, each indicating the great concern of the hospitals that (1) adequate nurses may be made available to the armed forces and (2) that sufficient nurses may be available to maintain minimum service in their hospitals.

The committee will realize that the distribution of graduate nurses without any orderly method is at the moment very prevalent. There are parts of the country which have lost a major number of their nurses. There are other areas, particularly in large cities, where the supply is better. Therefore, individual instances cannot be taken as a measure of the picture as a whole. I do tell you that on the basis of our information there are many hospitals in the country which are going to find it necessary to close additional hospital beds, unless some plan is developed by the Government which will give authority for the distribution among civilian hospitals of the remaining nurse resources.

In closing, I wish, for the American Hospital Association, to urge your favorable action for Federal legislation which will lead to a more orderly distribution of nurses between military services and essential civilian requirements.

Mr. THOMASON. Do you think this legislation or something like it is necessary?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. Do you think it is imperative?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. That the legislation be passed soon?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. To meet the situation and take care of our wounded men?

Dr. SMELZER. The sooner the better.

Mr. THOMASON. Are there any questions to my right or to my left?

Mr. Clason.

Mr. CLASON. Under this bill what provision is made for taking care of civilian needs?

Dr. SMELZER. None.

Mr. CLASON. In other words, you say this bill is wholly inadequate?

Dr. SMELZER. Yes, sir; so far as civilian hospitals are concerned. We are asking for nurses for both in an orderly manner.

Mr. CLASON. The effect of this bill will be to take nurses out of the hospitals without making any due provision for their proper function after the nurses have been drafted into the Army?

Dr. SMELZER. I am afraid that is all.

Mr. CLASON. So this bill taken by itself will create considerable difficulty in private hospitals and non-Federal hospitals, as you see it?

Dr. SMELZER. Very much so. But working in conjunction with the procurement and assignment of doctors I can see no objections to the bill.

Mr. DURHAM. Will the gentleman yield?

Mr. CLASON. Yes, sir.

Mr. DURHAM. Then I take it there are plenty of nurses in the country?

Dr. SMELZER. I do not know about the word "plenty," but I say there are sufficient if equitably distributed.

Mr. DURHAM. I say that?

Dr. SMELZER. Yes, sir.

Mr. DURHAM. To take care of both the war needs and the civilian demand?

Dr. SMELZER. Yes, sir; on a minimum basis.

Mr. CLASON. As I understand it there are more nurses graduating year after year?

Dr. SMELZER. Yes, sir. Dr. Parran pointed that out yesterday.

Mr. CLASON. Now, would you say this is going to alleviate the condition which is serious?

Dr. SMELZER. Not if something is not done to protect it.

Mr. CLASON. What would you suggest which would improve it? Have you studied this legislation?

Dr. SMELZER. Yes, I have read both bills.

Mr. CLASON. To get back to my original question. Can you suggest any changes in H. R. 1284, which is the committee bill, the May bill, which in your opinion would more adequately take care of the situation?

Dr. SMELZER. Only that it be hooked up with what I believe is an adequate service now and in the same way the Procurement and Assignment Service functions around the medical profession.

Mr. SPARKMAN. Will the gentleman yield?

Mr. CLASON. Yes, sir.

Mr. SPARKMAN. Doctor, as I understand it, on your recommendation you would be willing to accept the legislation, but suggest that we write into it some kind of guaranty on somewhat the same basis as the doctors have been assigned by the Procurement and Assignment Service?

Dr. SMELZER. Yes, sir.

Mr. CLASON. That is what I thought. Have you fully thought out any provision for the bill which you thought would make it more workable?

Dr. SMELZER. It is not only with that recommendation. The Procurement and Assignment is functioning now but it has no teeth. It is really a misnomer, because all it did was to classify the nurses who were available or essential.

Mr. CLASON. You say it is now functioning?

Dr. SMELZER. Yes, sir.

Mr. CLASON. Is it functioning in all sections of the country in the same manner?

Dr. SMELZER. Yes, sir; nine hundred-and-some-odd sections of the country, in all of the States.

Mr. CLASON. You are talking about nurses or doctors?

Dr. SMELZER. I am talking about nurses.

Mr. CLASON. How is the assignment of nurses different from doctors?

Dr. SMELZER. Because there is no teeth to it. All they do is classify them and that is the end of it.

Mr. CLASON. And you say that is working all right?

Dr. SMELZER. I say the system is working all right.

Mr. CLASON. Then everything is working all right?

Dr. SMELZER. Because it is purely a voluntary thing.

Mr. CLASON. Then what we ought to do is to establish in this bill some reference to the present system and then back it up with teeth; is that right?

Dr. SMELZER. Yes, sir. And I think that is pretty well amplified in the proposal we wrote before this legislation was ever introduced.

Mr. CLASON. Is this Procurement and Assignment Service printed up in any particular form so you know exactly what you mean?

Dr. SMELZER. Yes, sir. I think Miss Switzer is going to testify as to that.

Mr. CLASON. I understood Dr. Stone was going to testify to that?

Dr. SMELZER. Yes, sir; Dr. Stone is going to testify to that.

Mr. CLASON. Yes, sir. Have you also read H. R. 1666 and compared it with H. R. 1284 and have you any comments to make in regard to the two bills?

Dr. SMELZER. I do not think so.

Mr. CLASON. Do you see anything in H. R. 1666 that would be an advantage?

Dr. SMELZER. Not particularly. Of course, the age limit is a fictitious thing. There are no nurses of the age of 18.

Mr. CLASON. What age should we put it at?

Dr. SMELZER. As you refer to 18 to 45 you could say under 45. But I think the registration of nurses ought to be older than 45, because there are many nurses over 45 that would be very welcome in the hospitals if they could ever be channeled to them.

Mr. CLASON. Under your system they could be channeled there?

Dr. SMELZER. If you put authority behind the program.

Mr. CLASON. The age at the top should be lifted and the one at the bottom should be eliminated?

Dr. SMELZER. Yes, sir. Right now we are taking any nurse that has got two arms and two legs.

We have nurses forced to do duties at the moment in civilian hospitals to give decent care because we cannot get personnel in other brackets. And it is not unusual for me to find my superintendent of nurses washing dishes so a patient can get his breakfast.

Mr. CLASON. How do you account for the fact that the enlisting of nurses far off in June of 1944 and thereafter went all to pieces?

Dr. SMELZER. I cannot answer that.

Mr. THOMASON. Mr. Martin.

Mr. MARTIN. Your comments lead me to believe that a certain general and some of the others are looking at the 60,500 nurses who are on private nursing duty?

Dr. SMELZER. Yes, sir.

Mr. MARTIN. That is the group you are really after?

Dr. SMELZER. We want those in nonessential nursing now.

Mr. MARTIN. Is there any considerable group other than those who fit into that category?

Dr. SMELZER. We feel there are nurses in doctors' offices and nurses in industry who are available. They are in two categories. There are those who are doing first aid and sit around a good bit, and others who are actually working in industry not as nurses, but I know of many instances where trained graduates are working on assembly lines because they get more money.

Mr. MARTIN. It is a matter of pay in nursing?

Dr. SMELZER. Undoubtedly.

Mr. MARTIN. Have you made a check up on how expensive that is?

Dr. SMELZER. I believe some of the nurse witnesses will bring that out.

Mr. MARTIN. The reason I am asking the question is I wonder if there is any other approach to your question other than a draft of nurses.

Dr. SMELZER. Personally, I do not think so.

Mr. MARTIN. Have you examined any other possible approaches to it?

Dr. SMELZER. We are pretty familiar with conditions all over the country. They keep coming in. I have a lot of letters here from various parts of the country that tell you of conditions that are pathetic. I have a communication from the California Hospital Association speaking for authority for 50,000 beds in California.

Right now in the effort to secure nurses for the Army the recruitment people are going to the hospitals, and they are leaving the hospitals high and dry with absolutely no source of getting other nurses into the hospitals who are in other activities, young or old.

Mr. MARTIN. I wonder if you have given any thought to legislation eliminating their cutting into the private nursing field in that way rather than the outright draft of personnel?

Dr. SMELZER. We have done that. I do not think there is a hospital in the country that does not have private regulations. We won't take a nurse for private duty who is under 45 unless she has dependent children or a physical disability.

Mr. MARTIN. Is there any considerable portion of these 60,500 private nurses on duty in the hospitals now?

Dr. SMELZER. Yes; plenty of them are working in hospitals, but the hospitals have no primary control over those nurses who are hired by the patient. We have put in regulations.

Mr. MARTIN. But you cannot reach those outside your hospital?

Dr. SMELZER. No, sir.

Mr. MARTIN. And you realize that is a close policy to follow?

Dr. SMELZER. But we believe that is one of the policies that produces nurses.

Mr. MARTIN. I suppose you have had someone examine the background or constitutional limitations on the matter of drafting nurses, have you not?

Dr. SMELZER. Not specifically. We have taken what we had. We have had information that Mr. Biddle said it is all right and that the Army lawyers said it was all right. We have had no particular legal advice.

Mr. MARTIN. Have you seen those opinions?

Dr. SMELZER. Just out of the press.

Mr. MARTIN. You have taken those press reports to form your background?

Dr. SMELZER. We have no point in having any background.

Mr. MARTIN. You are jumping over rather a fundamental point in reaching for a point.

Dr. SMELZER. We are simply depending on Congress.

Mr. MARTIN. We are looking for some support from the sponsors.

Dr. SMELZER. I am perfectly willing to ask our attorneys.

Mr. MARTIN. I need some support in that direction. I have not dropped the matter yet.

Dr. SMELZER. We will be glad to get that. But that is only one legal opinion.

Mr. MARTIN. It is the only one you have, but you will look into that right now?

Dr. SMELZER. We will look into that right now.

If the drafting of the nurses comes under the May bill or the Rogers bill without any attempt to channel or control other nurses into civilian or military service, the military will probably get a better draft than the rest and the rest will remain stagnant where they are now. We will be a lot worse than we are now.

Mr. MARTIN. It will take some very wise administration of the program even if you have this law.

Dr. SMELZER. Yes, sir; but I feel it must be hooked up with Procurement and Assignment.

Mr. MARTIN. Yes; I grant that.

My real point was on this other and I want your help on that.

Dr. SMELZER. I get you. All right, sir; I will get it.

Mr. THOMASON. Supply it for the record.

Dr. SMELZER. Yes, sir.

Mr. THOMASON. Dr. Harvey Stone, Vice Chairman of the Directing Board of the Procurement and Assignment for the War Manpower Commission, is here and if we could I know we would like to hear him today because he has to leave.

Mr. Sikes.

Mr. SIKES. Dr. Smelzer, I think you are exactly right in utilizing those nurses now engaged in nonessential duties, but I do not think we can use the total figure engaged in private nursing such as there being 60,500 available. Have you an estimate of the number of nurses in essential activities from that field?

Dr. SMELZER. No, sir. But one of the other witnesses has the complete classification from that group.

Mr. SIKES. Do you think the percentage of nurses who could be freed is rather large?

Dr. SMELZER. Personally, yes.

Mr. SIKES. Would you like to make an estimate of the number?

Dr. SMELZER. No.

You see what I would like to see, and I happen to be a director in one of the nurses' organizations, is that there be a mandatory registration of all registered nurses in the United States, I mean by law.

I do not believe we know accurately enough what we have in numbers, and that of course would answer part of your question. I would like to see a mandatory registration irrespective of what else you do.

Mr. SIKES. You think there is a large group of nurses engaged in what might be considered nonessential nursing?

Dr. SMELZER. After all, we are in a pretty critical set-up. I think many married women might be pressed into service. I would rather see a national registration for all women than if we did not get them, and I would like to see it up to 65 years of age, the same as under Selective Service.

Mr. THOMASON. Any questions?

Mr. Elston.

Mr. ELSTON. Sometime ago the ceiling was cut down to 40,000 a year. Did not that stop the registration of nurses which might have taken place?

Dr. SMELZER. The ceiling for what, the Army?

Mr. ELSTON. Yes.

Dr. SMELZER. I cannot answer that.

Mr. ELSTON. I am interested in what you call nonessential activity. Who determines whether nurses' activities in doctors' offices are essential?

Dr. SMELZER. Procurement and Assignment Service up to date have analyzed that. When you say a nurse is available or is essential they decide it.

Mr. ELSTON. How would you determine as a doctor whether a nurse was essential in a doctor's office?

Dr. SMELZER. I would have to know a lot of things. Of course, I would want to know the size of the practice, how much of his own laboratory work he does, and so forth. I am willing to admit that some doctors would be pretty well stymied if they lost their so-called office nurse, but I think other doctors could train people to do that work in a very short time.

Mr. ELSTON. It would certainly be an opportunity for Procurement and Assignment to exercise discretion if you took one out of one and left one in another?

Dr. SMELZER. I happen to know about it in my district.

Mr. ELSTON. Procurement and Assignment occasionally gets a directive. Would not that come from the War Department?

Dr. SMELZER. I cannot answer that.

Mr. ELSTON. You do not know?

Dr. SMELZER. No, sir.

Mr. THOMASON. Mr. Holifield, any questions?

Mr. HOLIFIELD. None.

Mr. THOMASON. Mr. Roe.

Mr. ROE. Doctor, a lot of people seem to think if a real forceful and strenuous campaign were put on you might be able to secure these nurses. The nurses of this country have shown themselves to be a real patriotic group time and time again. Do you think if we had a real forceful campaign we could obtain these nurses without the necessity of legislation?

Dr. SMELZER. For the Army?

Mr. ROE. For the Army?

Dr. SMELZER. Yes, sir; but it certainly would be awful to the civilian health set-up.

I just picked this out of the paper Saturday. "Hospital closes due to lack of nurses." "Nurse shortage." A 125-bed hospital closed because they did not have any nurses. That is going on all over the country. This is just beginning.

We are looking after wives of soldiers under E. M. I. C. programs; training students and looking after dependents; and, in talking to men both in Army and Navy hospitals, that is a big help to morale because they know of the good medicine the Army and Navy are putting out and they know it is being given at home.

Mr. ROE. And for that reason you believe it is imperative that this legislation be passed?

Dr. SMELZER. Yes, sir.

Mr. DURHAM. Will the gentleman yield?

Mr. ROE. Yes, sir.

Mr. DURHAM. Doctor, under this cadet program would this hospital have had to close?

Dr. SMELZER. During this time hospitals have to close. Why they did not start the program I do not know.

Mr. DURHAM. If they had started the training program they could have stayed open?

Dr. SMELZER. I doubt very much if a hospital could start one when it could not get instructors.

Mr. DURHAM. I imagine it would have some difficulty, but I mean if it had started into this program?

Dr. SMELZER. Why they did not start I do not know. I cannot answer. All I know is that we have not got enough nurses.

Mr. FENTON. Doctor, how many nurses do you register in your association?

Dr. SMELZER. We do not register nurses in the American Hospital Association.

Mr. FENTON. Do you have any idea as to how many nurses there are?

Dr. SMELZER. There is a factual table put out by the National Nursing Council for War Service. I believe that will be introduced in evidence here by Miss Dunbar. I know somebody is going to introduce it.

Mr. FENTON. Do you consider this particular legislation discriminatory to the women?

Dr. SMELZER. Do you want my personal opinion?

Mr. FENTON. You consider it discriminatory?

Dr. SMELZER. Yes. That is why I would like to see national legislation for all women.

Mr. JOHNSON. Do you think this situation should be broadened so you could handle the nurses problem for civilians and the Army personnel handle their portion?

Dr. SMELZER. Yes, sir.

Mr. JOHNSON. In other words, somebody should take these nurses and put them in civilian hospitals?

Dr. SMELZER. You should defer them and put them in hospitals.

Mr. JOHNSON. Where nurses are needed?

Dr. SMELZER. Yes.

Mr. JOHNSON. That would be 100 percent socialized nursing, would it not?

Dr. SMELZER. I would not say. This is a war-emergency measure. Mr. JOHNSON. You would control every single nurse in this country?

Dr. SMELZER. Yes.

Mr. JOHNSON. Depending on the need you would say where she should go?

Dr. SMELZER. In this emergency.

Mr. JOHNSON. You would say that is how you want the bill changed?

Dr. SMELZER. I am not a lawyer.

Mr. JOHNSON. We would like to see what you advocate.

Dr. SMELZER. I would like to see mandatory registration for all women for nurse training. Then we want to see the Army and Navy get what they want. Pretty soon the Veterans' Bureau will want a lot.

Mr. JOHNSON. You think we ought to provide for them?

Dr. SMELZER. Yes, sir.

Mr. JOHNSON. All right.

Dr. SMELZER. The civilian hospitals have got to be assured if we are going to play our part in the war effort for the care of the patients and training of new nurses. How you are going to do that without some Government authority behind it I do not know.

Mr. JOHNSON. In other words, this nurse thing is so critical that something has to be done about it immediately?

Dr. SMELZER. Just the same thing as they did in England.

Mr. JOHNSON. Did they do that in England?

Dr. SMELZER. Yes, sir.

Mr. JOHNSON. When you do that, do you speak for your organization?

Dr. SMELZER. Yes, sir.

Mr. JOHNSON. In looking at these two bills here you have read, do you think those that are taken into the armed services should be assured of a commission?

Dr. SMELZER. I am going to give you a personal opinion. Yes.

Mr. JOHNSON. Do you distinguish between a personal opinion and an organization opinion?

Dr. SMELZER. Yes. We never had any thought differently.

Mr. JOHNSON. In other words, there should be a specific provision in the law that they should have a commission?

Dr. SMELZER. Yes, sir; like Mrs. Rogers' has.

Mr. FENTON. Doctor, do you know how many nurses have applied for work at this time?

Dr. SMELZER. For work in hospitals?

Mr. FENTON. In the Army and Navy.

Dr. SMELZER. No, sir; I do not. Those figures will come out later.

Mr. JOHNSON. Have you anticipated what the demand, or rather the requirement, of the Veterans' Administration is going to be in a general way?

Dr. SMELZER. No, sir.

Mr. JOHNSON. In this set-up do you think we should be building up so we can be sure to have competent nurses?

Dr. SMELZER. In the case of veterans it is just as important as casualties.

Mr. JOHNSON. You think we should have definitely in mind to have a full complement to take care of those veterans?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. Mr. Durham wants to ask a question.

Mr. DURHAM. Doctor, I gather from your statement you would solve the problem on the civilian front as well as on the war front?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. Mr. Price.

Mr. PRICE. Do you find nurses in the field have confidence in the Bureau of Assignment in War Manpower?

Dr. SMELZER. I have always thought so.

Mr. PRICE. I have a telegram from a large association in my district who makes practically the same recommendation you make here this morning.

Dr. SMELZER. I sit on one board of procurement and assignment for nurses in my district, and I think every nurse in my district has confidence in them.

Mr. PRICE. I think in my district they do.

Mr. ELSTON. Doctor, do you know of any reason why a nurse who has received her training in a hospital containing 50 beds or less is not qualified as an Army nurse?

Dr. SMELZER. I do not believe I am prepared to answer that. But I do not believe a nurse who graduates from a 50-bed hospital has as good a training as the one who graduates from a larger hospital. That is based on actual experience.

Mr. ELSTON. If she came in one of the larger hospitals is she given some special training?

Dr. SMELZER. Oh, yes. Then after she gets that training she is as good as any other nurse.

Mr. ELSTON. Would she have to be given additional training before she could work in any other hospital?

Dr. SMELZER. No; not now.

Mr. ELSTON. All right.

Mr. THOMASON. Will you come around, Doctor Stone?

STATEMENT OF DR. HARVEY B. STONE, VICE CHAIRMAN, DIRECTING BOARD, PROCUREMENT AND ASSIGNMENT SERVICE, WAR MANPOWER COMMISSION

Mr. THOMASON. You are Doctor Harvey Stone, vice chairman of the directing board of Procurement and Assignment Service of the War Manpower Commission?

Dr. STONE. Yes, sir.

Mr. FENTON. You are a medical man, Doctor?

Dr. STONE. Yes, sir.

Mr. THOMASON. Tell us your experience and qualifications in the field of medicine.

Dr. STONE. Do you want my qualifications as a doctor or as a member of the Procurement and Assignment Service?

Mr. THOMASON. I would like to know briefly without a lot of details what your qualifications are. We would like to know it for the record. Just give it briefly.

Dr. STONE. I am a practicing surgeon in the city of Baltimore, and associate professor of surgery at Johns Hopkins Medical School.

Mr. THOMASON. I knew that, but I wanted the record to show it.

Dr. STONE. I have been a member of the Procurement and Assignment Service since it was first established, and I am Vice Chairman of it at the present time.

Mr. THOMASON. All right, Doctor, proceed with your statement about this bill.

Dr. STONE. Mr. Chairman, I have a written statement here which it will take me perhaps 5 minutes to read.

Mr. THOMASON. All right.

Dr. STONE. I wondered whether I had better do that or go ahead and answer questions.

Mr. THOMASON. Go ahead and read it and we will give you notice if we want to interrupt.

Dr. STONE. The Procurement and Assignment Service for Nurses was established at the request of the nursing profession through the efforts of the National Nursing Council for War Service. Originally planned as an independent program in the War Manpower Commission, it was placed in the Procurement and Assignment Service, War Manpower Commission, upon authorization of the House Committee on Appropriations, H. R. No. 340, June 14, 1943.

The objectives of the Nursing Section of Procurement and Assignment Service as outlined by the directing board of Procurement and Assignment Service are as follows:

1. To procure nurses to meet the needs of the armed forces, having due consideration for civilian nursing needs.
2. To bring about the equitable distribution of nurses in order to maintain the best possible nursing service for the civilian population and nonmilitary governmental agencies.

Functions of the Nursing Section are:

1. To consider the nursing needs of the armed forces and to establish a quota for each State to meet these needs.
2. To determine the availability for military service or essentiality for civilian service of all nurses eligible for military service and to submit such determinations to the American Red Cross for use in the procurement of nurses for the armed forces.
3. To insure the maximum utilization of all members of the profession.
4. To maintain a complete roster of the nursing profession.
5. To carry out these functions through State offices and local committees in accordance with the policies and recommendations made by the directing board of Procurement and Assignment Service.

The directing board is the policy-making body of Procurement and Assignment Service. It is served by a number of advisory committees, one of which is the Nursing Advisory Committee, representing every aspect of the nursing profession. Two members of this advisory committee serve on the board. In addition, nursing is represented on the other advisory committees.

The program is operated in each State by a State chairman appointed by the Chairman of the War Manpower Commission and acting without compensation. Advising these State chairmen are 867 volunteer State and local committees. Serving on these committees are representatives of every branch of the nursing profession with representations from the hospitals, public, and so forth.

As of January 1, 1945, these local committees had listed and classified a total of 234,949 nurses and notified them of their classification. This was a major achievement when it is remembered that this was

done in less than 18 months on a voluntary basis. The basis of the classification was the criteria established by the Procurement and Assignment Service for minimum essential civilian nursing service in each branch of nursing. After studying the nursing needs and resources in each community, the committee determined which nurses could be spared to meet military needs.

About 46,415 are now classified as available for military service. They are, in other words, the nurses who could be released from their present positions without impairment of civilian service. About 31,803 of this number are unmarried. The Procurement and Assignment Service committee are continually adding to this list.

So that there would be a complete roster of nurses, a national registration was planned for February 1944. All plans had been completed and publicity given to the registration when, on December 5, 1943 the Army found it necessary to lower the ceiling of nurses to 40,000, leaving only a balance of 3,500 to be recruited by June 30. The Office of War Information felt that it could not give publicity and national support to a registration on the basis of this small requirement, and State and local committees were not in a position of undertaking effective registration without national publicity and support. It was evident that the additional nurses needed could be obtained without much difficulty, and future events indicated that this was indeed the case. As a result of the lowering of the ceiling, more attention was given to the needs of the civilian services.

Less than 4 months later, in April, however, the Army found it necessary to increase the ceiling to 50,000 but the edge had been taken off the drive of the recruitment campaigns by the previous announcement of a low requirement. This was followed, in turn, by the effect on the general public and the nursing profession of extremely good war news in the late summer and early fall.

The Procurement and Assignment Service accepted the Army's figure and devised and assigned quotas in accordance with it but the slowing down of the recruitment program plus the good war news resulted in relatively few applications for commission. Therefore, the Procurement and Assignment Service, with the Red Cross and the Army, undertook to streamline the programs involved and the Army assigned recruiting nurses to the field.

Just as this program was getting under way, a tremendous impetus was given recruitment by the President's address of January 6 in which he mentioned the need for additional nurses in the Army and recommended a draft for nurses. Just how many of these applications will result in Army commissions is difficult to know. There is no way of predicting how successful the new program will be since it had not gotten well under way before the President spoke. It is felt, however, that there is no assurance that the number of nurses needed by the Army can be secured by voluntary methods.

The directing board of the Procurement and Assignment Service feels if there is no other way to obtain the nurses which are actually necessary to the military forces, then the legislation adopted should provide a mechanism for adequate selection so that the civilian health and safety will be protected.

The following items outline action taken as a result of the lag in recruitment:

1. Classification of nurses was extended to include senior student nurses so that they could be followed up after graduation;
2. Nurses considered essential until replaced were, in many cases, reclassified to make them available for military services;
3. Practically all nurses graduating after August 1, 1944, were classified as available; and
4. An up-to-date roster of all available nurses is being forwarded to the Army Service Command headquarters.

Following the President's address, the War Department issued an order that any nurse volunteering, practically without exception, would be accepted for commission if she was otherwise eligible and physically qualified without regard to her classification by the Procurement and Assignment Service. The Navy is continuing to commission only those nurses declared available by Procurement and Assignment Service.

If essential nurses are taken out of civilian practice for service with the armed forces as a result of this directive, the Procurement and Assignment Service is not in a position to take responsibility for the effects on civilian health and safety. It expects to continue, however, every effort to maintain as much protection as possible for public health and welfare. If there is to be a draft some service should be charged with the civilian responsibility and that service should be one which is familiar with the nursing profession and the relative importance of positions in that field. Its function would be similar to that of Procurement and Assignment Service in the voluntary enlistment of physicians, dentists, veterinarians, and sanitary engineers. National headquarters of Selective Service has always advised local boards to seek the advice of the Procurement and Assignment Service in giving consideration to registrants belonging to these professions. To avoid disruptions of essential nursing services, a similar set-up for nurses would seem to be absolutely essential.

Mr. THOMASON. I think, Doctor Stone, you have made some valuable suggestions as to amendments and to the mechanism of the legislation if any bill is to be passed, and I am sure I speak for the committee when I say there is going to be careful consideration given to all proposed amendments and all proposed bills, and likewise especially to the mechanism of the thing and how it is going to be worked out.

It seems to me, however, that the first and most important thing for the committee to determine is the absolute necessity for this kind of legislation.

Dr. STONE. I agree with you; sir.

Mr. THOMASON. Do you agree in the emergency we are facing and in order to take care of our wounded men in military service that legislation of this kind is necessary and urgent?

Dr. STONE. I agree that the first obligation of the committee is to determine the necessity of such a law. Personally, I am not sure that it is necessary. I am afraid I am in the minority on that.

Mr. THOMASON. We are all just being frank on that.

Dr. STONE. I am not speaking now as a representative of the Procurement Service, but as an individual. It is my own feeling in the matter.

Mr. THOMASON. This committee wants absolute facts and to try and determine what is right and the best thing for our country and for our wounded men in this war.

Dr. STONE. I agree.

Mr. THOMASON. So it seems to me it is highly important we hear from a man of your vast experience and knowledge as to whether or not it is possible to get the nurses necessary by voluntary methods. If that cannot be done, then, speaking for myself only, I do not see anything to be done except get some necessary legislation. What we want is the cold facts.

Dr. STONE. I cannot give you the cold facts.

Mr. THOMASON. Do you think it is possible to get these nurses by volunteer methods, and if so, by what procedure?

Dr. STONE. I can only express an opinion.

Mr. THOMASON. That is possible.

Dr. STONE. And the facts, I do not know that there are any facts. It is a matter of opinion largely, is it not?

Mr. THOMASON. I agree with you.

Dr. STONE. In the first place, I would say there has never been a consistent, sustained effort to apply all possible methods to the voluntary effort.

Of course, the Army, controlled by military necessity, has been vacillating in this demand and has changed recruitment requirements several times.

Mr. THOMASON. That is easily understood. Everybody thought last summer the war in Europe was practically over.

Dr. STONE. Of course. But that is a fact that has militated against any successful effort at recruitment. Whether forces of persuasion and pressure against nurses have been fully utilized to secure applications for commissions, again I am not by any means sure. Whether all hospitals and all institutions employing nurses have set up and applied actually a program by which they will not accept for service any nurse who is within the age category or other qualifications available for military service I am not certain. I do not know that that has been done. I think that it should be necessary.

Mr. THOMASON. None of us like the draft, even the men who went after it could not be avoided and met the situation.

You heard Dr. Smelzer, president of the American Hospital Association, testify?

Dr. STONE. Yes, sir, I did.

Mr. THOMASON. In which he seemed to think that the placing into existing law and the Bolton bill and other legislation on the subject of certain amendments we would have an improved situation in spite of the fact that he thinks the legislation is necessary. What do you think of that?

Dr. STONE. I think there is no question but what it would settle the military demands at once.

Mr. THOMASON. And do what, specifically?

Dr. STONE. I beg your pardon?

Mr. THOMASON. Do what, specifically?

Dr. STONE. If a compulsory service law for nurses were enacted it would make it immediately possible for them to get the nurses they want. That is what I mean.

Mr. THOMASON. Oh, I thought you meant put teeth in the law?

Dr. STONE. No, I do not mean put teeth in the law, but in my

mind it is very questionable if such a law were enacted, whether more harm than benefit would result from the standpoint of the over-all situation.

Mr. THOMASON. I am supposed to proceed. I do not want to monopolize all of the time.

Dr. STONE. All right.

Mr. THOMASON. Mr. Sparkman.

Mr. SPARKMAN. Doctor, you would agree to putting a provision into the law implementing the work you are trying to do?

Dr. STONE. Unless some such provision is written into it it may be a very harmful law.

Mr. SPARKMAN. What would be your attitude to the legislation amending the Bolton bill rather than pressing this bill? It was suggested by Mr. Thomason as relating to the Cadet Nurse Corps to require those that are taking this training at the expense of the United States Government to make themselves available for the armed forces.

Dr. STONE. I think that certainly would be a more just procedure than the other proposal, which is discriminatory legislation as I see it.

The modification of the Bolton bill would be the obtaining of a quid pro quo for the Government for the money it has been spending for the education of these nurses.

Mr. SPARKMAN. As a matter of fact, one class would cover all the needs?

Dr. STONE. I think so.

Mr. SPARKMAN. And leave all these other classes to fill the other needs?

Dr. STONE. I am not quite sure of the figures, but one class of cadet nurses would go far toward meeting the needs.

Mr. THOMAS. Mr. Clason.

Mr. CLASON. As I understand it the present ceiling is now 50,000?

Dr. STONE. That is all it amounts to.

Mr. CLASON. And sometime in 1943 the Army reduced the then ceiling to 40,000 and that is what caused all the trouble?

Dr. STONE. I would not say that caused all the trouble.

Mr. CLASON. That caused some trouble.

Dr. STONE. That certainly threw the recruitment program out of gear.

Mr. CLASON. At that time they had 3,500 more to be obtained?

Dr. STONE. That is right, and 6 months in which to get them.

Mr. CLASON. And what was the experience of the recruitment after that?

Dr. STONE. They simply slowed down and then in April the ceiling was lifted again.

Mr. CLASON. Lifted to 50,000?

Dr. STONE. Yes.

Mr. CLASON. How many nurses have you got at the present time for the Army?

Dr. STONE. Have you got those figures, Miss Baker?

Miss BAKER. Between 42,000 and 43,000.

Dr. STONE. Between 42,000 and 43,000. There is a balance of 8,000 to go to the present ceiling.

Mr. CLASON. And there has been 6,000 applications placed?

Dr. STONE. I understand there has been over 10,000 in the last 2 months. Of course, they won't all be acceptable.

Mr. CLASON. How many will be accepted?

Dr. STONE. I heard Admiral Agnew say they rejected 30 percent of their applicants.

Mr. CLASON. Yes.

Dr. STONE. I think that the Army estimates that they will get a much smaller percentage of the group of applicants. I understand the Army is not figuring on more than 40 to 50 percent of these applicants.

Mr. CLASON. Out of these 10,000 they expect to get 5,000?

Dr. STONE. I think that is a fair guess.

Mr. CLASON. Added to what you have got will bring you up to 47,000?

Dr. STONE. Yes.

Mr. CLASON. So the total needs between now and June 30 will be 3,000 more nurses?

Dr. STONE. That is the way it looks.

Mr. CLASON. Would you not say without any legislation at all the Army would be able to meet its requirements?

Dr. STONE. I am not speaking for the Procurement Service, but I think they can probably meet that requirement.

Mr. CLASON. They say they need 250 for attrition. Would you expect them to be able to meet that?

Dr. STONE. Certainly, if the Bolton Act is modified to enforce Federal service on the Cadet Corps, there would be no question about meeting attrition at all.

Mr. FENTON. Along the line of these cadet nurses, Doctor, it is true, is it not, that there is not a class available yet to give the required number of nurses from that source?

Dr. STONE. Each graduating class has a larger number of increments than the previous one. I do not have the figures at hand.

Mr. THOMASON. General Smith, of the War Department, would like to make a statement at that point.

General SMITH. I would like to correct a statement or the assumption, rather, of Mr. Clason. The ceiling is not 50,000; it is 60,000.

Mr. CLASON. These papers you have had all printed show it to be that.

Dr. STONE. We were notified that 50,000 was the ceiling.

Mr. CLASON. When was that established?

General SMITH. It was established yesterday in the light of the testimony of the Surgeon General.

Mr. CLASON. You mean the testimony he gave 3 weeks ago?

General SMITH. That is right, sir.

Mr. CLASON. Then up until yesterday it would appear this bill was not necessary for the purpose of meeting Army needs and would be solely for the purpose of helping in regard to civilian and other needs; is not that so?

Dr. STONE. No; I do not say it would help in regard to civilian requirements.

Mr. CLASON. If you make the law strong enough, it would help them.

Mr. THOMASON. All right, gentlemen, we are going to recess in 7 minutes.

Mr. DURHAM. Doctor, you say you are operating under an act of Congress. Read that again, will you?

Dr. STONE. No; I said the Nurses Division was transferred and added to the Procurement and Assignment Service which previously had only dealt with physicians, dentists, veterinarians, and sanitary engineers, and under H. R. No. 340 of June 14, 1943, the Nursing Division was assigned to us by the Appropriations Committee.

Mr. DURHAM. Was assigned to you?

Dr. STONE. Yes, sir.

Mr. DURHAM. How many nurses have you assigned through your Procurement Service?

Dr. STONE. You mean how many have been recruited into the Army and Navy?

Mr. DURHAM. How many have there been throughout by your Division?

Dr. STONE. It is impossible to say because we do not know the motives impelling nurses to go into the various services, but it is between 42,000 and 43,000 in the Army and about 11,000 in the Navy. How many were spontaneous I do not know.

Mr. DURHAM. You also recruit for civilian needs, do you not?

Dr. STONE. No, sir. We are holding some for civilian needs.

Mr. DURHAM. Holding some?

Dr. STONE. Yes; that is right.

Mr. DURHAM. You made the statement a few minutes ago that all of these services that had been coming to you continued up until recently. The Navy is still coming to you for recruitments?

Dr. STONE. That is right.

Mr. DURHAM. The Army quit that sometime in 1942 or 1943?

Dr. STONE. No; only recently in the last couple of weeks.

Mr. DURHAM. In the last couple of weeks?

Dr. STONE. Yes.

Mr. DURHAM. Does not that cause a little bit of confusion in your department down there?

Dr. STONE. Yes, sir; it does.

Mr. DURHAM. Who are they using at the present time for recruiting their service people; the Red Cross?

Dr. STONE. The Red Cross always has been recruiting for the Army nurses. We have not recruited them but marked them essential for service at home or available for military service.

The change in this recent directive simply states for the present the Army will take practically any nurse who applies for a commission who is acceptable by their physical standards and other things regardless of whether she is marked "essential" by Procurement and Assignment.

Mr. DURHAM. But you started out in this Procurement and Assignment of all nurses throughout the country?

Dr. STONE. We started that.

Mr. DURHAM. Just like you did on the doctors?

Dr. STONE. That has never been completed.

Mr. DURHAM. The only difference is that the doctors were subject to draft?

Dr. STONE. Yes, sir; they can be drafted by Selective Service.

Mr. DURHAM. And the nurses cannot?

Dr. STONE. That is right.

Mr. DURHAM. What do you think we could add to your Procurement and Assignment at the present time to put enough teeth in it so it would operate?

Dr. STONE. It is not an easy question to answer.

Mr. DURHAM. I know it is not.

Mr. THOMASON. All right, gentlemen, we are going to have to recess. There is one question by Mr. Roe.

Mr. ROE. Doctor, if the Bolton Act is modified to compel cadet nurses to make themselves available to the Army, do you not think there will be a great many resignations and chances of them dropping out, and that the real number we might estimate would be available might not be available if that act were modified?

Dr. STONE. I suppose there would be some resignations. How many I do not know. I would not think it would be serious.

Mr. ROE. No.

(Letter from Dr. Stone follows:)

BALTIMORE, February 7, 1945.

The Honorable ANDREW J. MAY,
House of Representatives, Washington, D. C.

DEAR MR. MAY: My appearance before the hearing of the proposed bill for the drafting of nurses this morning was of necessity so hurried by time limits, that I failed to make quite clear or indeed to mention some of the crucial points that I would like to have your committee consider. I may briefly abstract them as follows:

1. Disriminatory legislation against an occupational group seems to me extremely unwise and ill advised unless it is a matter of absolute necessity.

2. If it is necessary to resort to drafting measures to secure nurses, it should be a part of the general registration and draft of women of the same age group.

3. Any draft law, such as the proposed one, should certainly contain restriction on the indiscriminate withdrawal of nurses from the civilian population and should contain a restriction that the Army can only draft those nurses who are designated as available for military service by the Procurement and Assignment Service of the War Manpower Commission.

4. It is wise to question whether the demands of the Army should be accepted without scrutiny at their face value. The record of the Army in this regard shows that their own calculations are very fluctuating and uncertain. Proof of this was given at the hearing this morning when a representative of the Army announced that over night since yesterday the requirements for nurses had been raised by 10,000. I personally am far from convinced that it would not be wise to have a civilian medical board survey the nursing situation in the Army and report their unbiased opinion as to the utilization of nurses in the Army at the present time and the calculable needs for the future.

Finally I wish to repeat what I said on the witness stand that the proposed legislation may create far worse difficulties than those which we are now facing, by its effect upon the civilian population and upon the security of civilian rights in general by the passage of what is distinctly a discriminatory class compulsion.

I trust that you will forgive me for this intrusion upon your time, but I believe you and your committee are anxious to get all shades of opinion.

I also wish to thank you for the extremely courteous hearing accorded by yourself and your committee.

Respectfully yours,

HARVEY B. STONE.

Mr. THOMASON. Mr. Price is given permission to include in the record a telegram he has.

(The telegram referred to is as follows:)

BELLEVILLE, ILL., February 6, 1945.

Hon. MELVIN PRICE,

House Office Building, Washington, D. C.

DEAR CONGRESSMAN: The Belleville Diocesan Council of Catholic Nurses request your support in the proposed legislation concerning the drafting of nurses. The already established Bureau of Procurement and Assignment of Nurses of the War Manpower Commission should be made the agency for classification and clearance of all nurses. Appreciating your efforts,

Sincerely yours,

CLARA MITCHELL,

Registered Nurse,

President, Belleville, Ill., Diocesan Council of Catholic Nurses.

Mr. THOMASON. Tomorrow we will hear from representatives of the Red Cross, the Navy Nurse Corps, and Gen. Frank Hines I know is on the list and scheduled for the first thing in the morning.

We will adjourn until tomorrow.

(Whereupon, an adjournment was taken until tomorrow, February 8, 1945, at 10:30 a. m.)

PROCUREMENT OF NURSES

THURSDAY, FEBRUARY 8, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,

Washington, D. C.

The committee met at 10:30 a. m., pursuant to adjournment, Hon. Robert E. Thomason (chairman) presiding.

Mr. THOMASON. The committee will be in order. We have met for further hearings on H. R. 1284, H. R. 1666, and any other bills on the same subject dealing with "to insure adequate medical care to the armed forces."

The first witness appearing on the list this morning is Miss Virginia Dunbar, of the American Red Cross Nursing Service. Will you come around, Miss Dunbar?

STATEMENT OF MISS VIRGINIA DUNBAR, RED CROSS NURSING SERVICE

Mr. THOMASON. Do you have a prepared statement for the record, please, Miss Dunbar?

Miss DUNBAR. The American Red Cross takes no stand either for or against the proposed legislation, but as the recruiting agency we have prepared a summary of the experience and plans which have been carried out in recruiting in the last 4 years.

Because of its quasi-governmental status, and especially since in its membership and organization it represents all shades of opinion, the American Red Cross has traditionally followed the policy of neither urging nor opposing pending legislation nor directly affecting the organization itself. Therefore, it takes no position with respect to this bill. It will undertake to give the committee such information as it has growing out of its activity in the recruitment of nurses.

Mr. THOMASON. Excuse me. Will Mrs. Bolton and Mrs. Rogers please come around and sit with the committee?

All right, you may proceed, Miss Dunbar.

Miss DUNBAR. The American Red Cross is the official recruiting agency for the Army and Navy Nurse Corps. As part of the charter obligation "to furnish volunteer aid to the sick and wounded of armies in time of war," the American Red Cross has maintained a roster of nurses, the primary purpose of which has been to serve as a reserve for the Army and Navy Nurse Corps in time of war. The present national plan dates from 1909 when specific plans were agreed upon between the Army and the American Red Cross, and when through the Nurses' Associated Alumnae, the nurses of the country requested affiliation with the American Red Cross so that American nurses might be in readiness to help in time of national need. Since that time both the Army and Navy, although free to accept nurses

from other sources if desired, have looked to the American Red Cross Nursing Service as the reserve for their Nurse Corps.

During World War I, 19,000 nurses were recruited by the American Red Cross for the Army and Navy Nurse Corps. This number constituted the large majority of the nurses who served during the war.

In December 1942 the Surgeon General of the Army reconfirmed the agreement with the Red Cross that it be the official recruiting agency for the Army Nurse Corps, authorized the Red Cross to distribute through its representatives appropriate application blanks, and to evaluate the credentials of all applicants, whether they enroll through the Red Cross or request direct appointment in the Army Nurse Corps.

The four principal activities of the Red Cross as a recruiting agency are—

(1) Personal contact with nurses and employers through chapters, committees, and field staff. This includes group and individual contacts with all students in schools of nursing, group and individual contacts with all nurses classified as "available" by the War Manpower Commission, Procurement and Assignment Service, and contacts with employers of nurses.

(2) Assembling application papers.

(3) Evaluation of applications (Army only).

(4) Public information and promotion. This includes radio, newspaper, movies, etc.; arrangements for various activities to acquaint nurses with the needs and work of Army and Navy Nurse Corps, such as excursions to military establishments; preparation and distribution of informational material.

The Red Cross personnel serving in the recruitment program is as follows:

In 304 of the largest Red Cross chapters recruitment committees carry out the recruitment program. In 1,200 smaller chapters a recruitment nurse serves the same purpose as the committee in the larger chapters. The national field staff assist the chapters.

Approximately 394 paid workers of the Red Cross in chapters or on the national staff and 5,000 chapter volunteers—including both nurses and lay volunteers—are working on recruitment. Of the 394 paid staff members, 255 are full-time clerical workers and 139 are nurses, some of whom give only part time. Approximately half give full time.

Public information personnel, in addition, are responsible for the program at national headquarters and in each of the five Red Cross area offices.

Results of the recruitment program: The assignments to the military since Pearl Harbor are represented in a chart which shows from the period of Pearl Harbor to January 1945 the largest number of nurses having entered service during the year 1943. All Army and Navy assignments, except 30 percent of the Navy assignments, resulted from nurses certified by the American Red Cross; therefore, all but a very small portion of the total assignments were certified by the Red Cross.

The total number of certifications to the Army and Navy since Pearl Harbor through 1944 are:

	Number	Monthly average
1941 (December).....	1,244	
1942.....	28,216	2,350
1943.....	33,708	2,809
1944.....	17,987	1,499
Total.....	81,145	

This means that the nurses met all professional qualifications and had indicated a definite date of availability. Beginning in 1944 the Navy applications were turned over to the Navy without being processed.

Approximately 22 percent of these were certified to the Navy.

Approximately 78 percent of these were certified to the Army.

The above is referred to as "certifications" instead of "nurses certified" as in a few instances the same nurse may have been counted twice in the case of nurses who transferred from the Navy Reserve to the Army Reserve, or vice versa.

Following is a comparison between American Red Cross certifications to the Army and Navy and Army and Navy assignments to duty:

Year	Red Cross certifications ¹	Army and Navy assignments (as recorded in American Red Cross records)	
		Number	Percent of certifications
1942.....	28,206	17,157	61
1943.....	33,708	22,956	68
1944.....	17,987	12,936	72

¹ About 30 percent of the Navy assignments were not certified through the American Red Cross and are, therefore, in addition to these figures. However, as the Navy assignments are proportionately small in comparison with the Army, this does not significantly effect the picture.

Following are applications and certifications through the American Red Cross during January 1945:

Beginning late in December there was an increased responsiveness to the need in various parts of the country on the part of both the general public and the nurses. In the first week after the President's speech on January 6 an unprecedented number of applications was received in committees throughout the country. In each of the 2 following weeks the number, although higher than usual, was less than half that of the first week—approximately 10,000 applications in all, January 6-27.

Approximately 22 percent of these applications are for the Navy.

During January, 3,633 nurses were certified to the Army and Navy. This was higher than usual and does not include a large number of applications sent to the Navy without processing. Highest number certifications in any month in 1944 was 2,300—January. Highest number certifications in any month in 1943 was 5,300—January.

Not all applications result in assignment for the following reasons:

- (1) Professionally disqualified; approximately 5 percent loss at the most.
- (2) Physically disqualified; approximately 20 percent according to figures given by the Army.
- (3) Availability date may delay assignment.

For instance, a check of 1,000 of the applications received during late January indicates that 48 percent of the applicants state they are available prior to March 1 and 52 percent available March through July.

(4) An application does not commit the nurse to accept assignment. She may withdraw or may delay reply at any point, such as when called for physical examination.

If No. 4 does not enter in to any great degree, approximately 68 percent of the applications could be expected to result in assignments. However, factor No. 4 is particularly unpredictable under conditions at the present moment. Civilian needs, the general attitude of the country toward the war, and the effect of possible legislation are all unpredictable factors which influence response.

In counting applications there is one place you can count them, out along the periphery—that is, as applications placed in committees and then you can count them at the time they are certified by the Red Cross to the Army, which means that they meet all professional qualifications and have completed their papers; or you can count them as assignments, which is actually when the Army and Navy place orders on them and they are definite assignments.

There is one other request frequently made: "Do you know how many application papers have actually been sent out or how many inquiries have been made?" And that is a very unreliable way to get any idea of the progress being made.

In our figures we have included none of the requests for applications and none of the inquiries. We have counted only actual applications which are given to individuals presumably eligible for service.

It is a very much better measure of progress to stick to actual assignments to Army and Navy service rather than applications or certifications.

The relation of Red Cross recruitment to the Procurement and Assignment Service of War Manpower Commission has been as follows:

During 1944, since the Procurement and Assignment Service, War Manpower Commission, has been classifying nurses, the American Red Cross recruitment has been limited to those nurses classified as "available," in that they were not essential for civilian service. The names of these nurses have been turned over to Red Cross recruitment committees for follow-up. Reports on follow-up of these nurses have indicated that many of them cannot be counted upon for military service. This information has been given to Procurement and Assignment Service as indication that additional nurses needed to be classified as available, from which to recruit to meet the needs of the

armed forces, and additional nurses have been added to the "availables" from which to recruit.

Beginning January 1, when the Army took over the responsibility for checking classifications for all applicants, the Red Cross has sent to the Army all applications for Army service regardless of classification. Recruitment committees, however, are instructed to focus aggressive recruitment effort on nurses classified as available.

The requirements for the Army and Navy Nurse Corps are as follows:

Requirements for the Army and Navy Nurse Corps are determined by the individual corps.

Army requirements: These were covered in full by General Kirk in his testimony.

The requirements followed by the American Red Cross in the evaluation of Army applications are those set by the Army.

Navy requirements: Navy applications are not now passed upon by the American Red Cross. Any information given out is as instructed by the Navy Nurse Corps.

The question is asked frequently: How many applicants are unable to meet professional requirements? The answers are from our records and they show:

A. Total military applications processed for the Army during 1944, 14,988.

Total rejections because of limited preparation and credentials, 4.3 percent, or 655.

Poor credentials (including school and references), 2.7 percent	398
Not registered (majority recent graduates who failed), 0.9 percent	144
Insufficient high school, 0.7 percent	113

B. Schools not meeting minimum requirements:

Number at present, 90 out of 1,300 schools of nursing. Average number of nurses graduating from each school each year is very small—only approximately 10 to a school.

Percent of total students graduating in 1944 not eligible because of limited basic preparation—approximately 3.4 percent.

C. Physical examination: The physical examination is given by the Army and is not in any way the responsibility of the American Red Cross.

The Red Cross rules out nurses with a definite history of mental illness or active pulmonary tuberculosis, but the number so eliminated is negligible.

The number of nurses out of 52,931 nurses whose International Business Machine cards were run on February 1 to indicate the field of service in which they were engaged before entering the Army shows that 62 percent of those nurses are from the institutional field, 5 percent from the public-health field, 3 percent from the industrial nursing field, 18 percent from the private-duty field, 4 from other nursing fields, and 7 unknown, including the nurses who were already in the Army and Navy Nurse Corps before the war.

That completes my statement.

Mr. THOMASON. Miss Dunbar, do you and your great organization think that legislation to draft nurses is necessary to meet the present emergency?

Miss DUNBAR. I think that an orderly process of drawing nurses for the military is essential.

MR. THOMASON. Is it, or not, your judgment that these absolutely necessary nurses to take care of our wounded men can be obtained by voluntary methods?

MISS DUNBAR. There are two aspects to that that are quite different. One is a matter of numbers, and the other is a matter of drawing the people who should be the ones drawn and who will not disrupt the essential civilian services so closely related to supplying the military.

I have endeavored to point out that one of the most, or the most, unpredictable feature in the present plan is that a nurse is not in any way committed by an application and that, particularly under the present circumstances of pending legislation of varying attitudes from month to month toward the war and the pressure of civilian needs, the response from nurses on a voluntary basis is unpredictable.

MR. THOMASON. You have made a very fine statement, and I am in accord with all you have had to say; but this committee is, as you know, faced with a very practical problem, and I have an idea I speak for the committee when I say we do not like to draft anybody, and especially women; but, of course, our wounded men must be taken care of, and if it is the opinion of women like yourself with a great organization like the American Red Cross, who has handled the procurement so successfully down to the moment—if you feel you are not going to be able to get the necessary nurses by some voluntary method, then, of course, we welcome your suggestions and advice as to what type of legislation we have to report out of this committee to make it fit that these men have the treatment they deserve.

MR. DURHAM, do you have any questions for the witness?

MR. DURHAM. Miss Dunbar, on the last page of your statement there, you have got an analysis which is very interesting. The word "institutional," of course, covers the hospitals, I suppose?

MISS DUNBAR. Yes.

MR. DURHAM. Now, in that field, of course, is where all of your nurses come from, and I notice quite a disparity between those on a percentage basis that are taken from those supposed necessary duties of a nurse. In those fields, which one would you say at the present time you would spare between—or would you do without—to get more of these nurses from? You have industrial, which I notice claims 12,838; taking 12 percent from the industrial people of the country, or a little more than that, and you have taken 12 percent from public health, which carries 20,988, and your highest percentage has come from the hospitals, which practically carry all of the sick people of the country, which is 34.56 percent. Now, why, can you tell me, that we have such a high percentage taken from the hospitals than we do from these other what I consider less essential nursing? Is it the insurance that we have not put the pressure on those people to volunteer as much as we have in the hospitals? It is some convenience to get the nurses from the hospitals where they are all at instead of looking around for one in an industrial concern; is that true?

MISS DUNBAR. They are definitely easier to reach, and I would say they attend general assemblies to a better percent than you find among nurses working individually assigned to where they are not in groups.

MR. DURHAM. What does the compensation have to do with that group? That is another very interesting thing that you have, a different pay for public health, industrial, and private duty, do you

not? That makes it more attractive for the nurse, of course. Is that higher than the hospitals as a rule?

Miss DUNBAR. It is if you take it on a few months' basis; but if you take it on a year's basis, unless a private-duty nurse works all year round as many weeks as an institutional nurse does, her salary is not definitely better, and a large proportion of the private-duty nurses do not, or cannot, or do not prefer to work steadily, so that perhaps their salary in the end does not come up to monthly.

Mr. DURHAM. You have still got left in the group of private duty, industrial, and public health, according to your statement here, something like 70,000 nurses at the present time; is not that correct, or close to it?

Miss DUNBAR. The largest number of nurses in the country are, I believe, in institutional work.

Mr. DURHAM. Certainly a larger number; but I am talking about which one is the less essential; if we put on a recruiting program and put the pressure on it, where are we going to hit at from an institutional point, or are we going to hit it at the places where we feel like it is less necessary?

Miss DUNBAR. It should be on those where it is least necessary.

Mr. DURHAM. I think so myself.

Miss DUNBAR. And the object of the recruitment program is to reach those nurses classified as available; and it is our responsibility to focus—not only to focus onto availables but to limit ourselves to those availables in our recruitment program. We may accept an application from any nurse who is applying for the Army since the regulation has been changed on the basis of the agreement between the War Manpower and the Army, but we do not aggressively recruit among nurses other than those classified as available by the War Manpower Commission.

Mr. DURHAM. In other words, you do not go to them until after War Manpower has said they are less available than some other nurse?

Miss DUNBAR. That is right.

Mr. DURHAM. And you make contact with various representatives or contact is made with the nurse?

Miss DUNBAR. Contact is made with the nurse. They should and they endeavor to do it by personal means. If that is not possible, some other type of follow-up is used.

Mr. DURHAM. In these categories here, you lay down institutional, public health, industrial, and private duty. How are those categories set up by the War Manpower, on the basis of essentiality?

Miss DUNBAR. I think they could explain that much better than I could.

Mr. DURHAM. I will ask them that question.

Miss DUNBAR. But I know that emphasis is on the actual essentiality to the war effort as to what that nurse is doing, and they therefore have in mind the thing that you are speaking of.

Mr. DURHAM. That is all, Mr. Chairman.

Mr. THOMASON. Doctor Fenton, any questions?

Mr. FENTON. Miss Dunbar, you people do not pass on the eligibility of these applicants?

Miss DUNBAR. We do on the eligibility from the professional standpoint on all Army applicants. We do not on the Navy applicants. And it is on the basis of that we have reported the number who do not qualify professionally.

Mr. THOMASON. Mr. Davis.

Mr. DAVIS. No questions.

Mr. THOMASON. Mr. Martin.

Mr. MARTIN. I understand, of course, that the Red Cross cannot take any position as to this bill; that is against your policy?

Miss DUNBAR. That is right, sir.

Mr. MARTIN. To support or oppose the pending legislation. But there are two or three questions that bear on the application of such a bill as this which you have given us some very good information about.

There is one question about this institutional source of the number referred to—and has not that large contribution of the institutions given rise to the real need for the balanced program you are referring to? That is, you state that the program must be so administered as to not take away those most needed in their present nursing occupations. Am I right in assuming that the greatest need there has arisen in the institutional group because of the large contribution of the institutional nurses?

Miss DUNBAR. I believe it has.

Mr. MARTIN. That is where the real need for a balanced program arises now more so than in the private nursing field?

Miss DUNBAR. I doubt if anything needs to be done to guard that field particularly, but it would need to be done for the public-health field as well as the institutional. They have a much smaller group, but they have the same problems concerned. However, the largest number of young graduate nurses go into institutional work, and I think that accounts to some degree for the largest number of nurses being from that field.

The age range of nurses drawn for the Army is quite young. They are nurses of fairly recent graduation.

Mr. MARTIN. And even though the institutions have supplied the greater number up to date, we could expect them to be still further looked to for additional nurses because of the age group of those ordinarily placed in the institution?

Miss DUNBAR. For some, certainly.

Mr. MARTIN. Now, the record you have given here through 1944 is very comprehensive and helpful. I wonder whether from that you can extend some report as to what has occurred thus far in 1945—as to the number qualified for service in the armed forces up to date in 1945—and what the prospects are, looking ahead? Has the rate of recruitment increased since January 1?

Miss DUNBAR. This represents applications received in committees as of the year around [indicating on chart]. The edge since the President's speech and this movement here was about 5,500 applications. The following week, the second week after the President's speech, it dropped to 2,500 applications, the next week to 2,000, and last Saturday, the end of last Saturday, which was the fourth week, it was 1,130 applications. That is still relatively a very high number of applications, but the drop since the first week has been very great.

Mr. THOMASON. Will the gentleman yield right there?

Mr. MARTIN. Yes.

Mr. THOMASON. I think it would be important if the record would show how many of those have been accepted.

Miss DUNBAR. As yet we would not have these nurses in unless some of them who applied in the first week would actually be in service. But we did certify to the Army a higher number than usual during January, which were probably applications in process during December.

Mr. THOMASON. All right, Mr. Martin.

Mr. MARTIN. Now, at the time General Kirk appeared here there had been a boom or great increase in the number of applications just prior to his coming before the committee, but at the date of his appearance here there was already showing a decrease in the number of applicants, and they predicted that trend would probably continue, and your figures tend to bear that out.

Mr. FENTON. Will the gentleman yield at that point?

Mr. MARTIN. Yes, indeed.

Mr. FENTON. I have been informed during the month of January 14,600 applications were made; and of that number, 1,050 were accepted. Is that correct?

Miss DUNBAR. I doubt if it was of that number. If the Army assignments during January were short, that is only Army, 1,050; then there were Navy assignments. But I doubt if any of them were of that number, because those would have been of applications in process during December and even November, because one of the points I have brought to your attention is that a big factor entering into whether you will get the needed number of nurses in a given time is the date of the availability of the nurse. Fifty percent of the nurses who have applied during this period are not available until about 2 months later. So about half of your group is always out of reach for another month.

Mr. FENTON. Will the gentleman yield?

Mr. MARTIN. Yes.

Mr. FENTON. How long does it take to process these applications? We need the nurses. We cannot go along this way.

Miss DUNBAR. That at the moment is a very important thing for us to see to. The Surgeon General has already stated:

Nurses whose professional and physical qualifications are unquestioned may be appointed within a period of 3 weeks. This allows for time involved in having physical examination and receiving satisfactory credentials of professional work. For all other nurses who have problems, as citizenship, meager educational, or professional experience, there may be considerable delay, dependent upon the kind of problem involved.

The entire procedure has been recently reviewed in order to expedite the processing of applications. The placement of Army procurement nurses in the Army service commands who may authorize physicals and review of credentials locally by Red Cross recruitment committee in the large centers are steps that have been taken to reduce this time to a minimum. Also, increasing of the basic training center facilities, and the frequency with which these courses are given, or the practice of assigning a nurse to duty prior to the date of such a course, effects a more immediate and economical utilization of personnel.

And when you consider that there are many ways in which the nurse herself can delay answering, there is an element which is out of the control of either the Red Cross or the Army, and that depends

on the attitude at the moment toward the war and the emphasis that is being placed on the need for nurses.

We have already had word from some of the areas where the nurses are placing their applications, having their physical examinations, and being sworn in on the same day, and those are instances where this is now in operation and where there are no complications in the nurse's credentials.

Mr. THOMASON. Any further questions?

Mr. MARTIN. Yes; I have.

Now, on this number, I do not know that I got the total for the month of January of applicants.

Miss DUNBAR. It is 5,500, 2,500, 2,000 and 1,130 applications, by weeks, since the President's speech on January 6.

Mr. MARTIN. Approximately 11,000?

Miss DUNBAR. Yes.

Mr. MARTIN. And have you examined them far enough or gone far enough in your processing to determine whether or not these percentages you have given in your statement for 1944 might still prevail, or is the number of rejections going to be larger—the percentage of rejections?

Miss DUNBAR. We have had no evidence that it will be larger yet. The one thing on which we have actual figures is the date of availability of those nurses. We think their falling out is perhaps less likely unless there is any general change throughout the country than at previous times, but I would assume that their physical and professional qualifications would be approximately those we have had before unless by chance these applications include a large number of nurses who have previously been rejected and are trying again.

Mr. MARTIN. Now, are you in a position now to sift out those applicants who cannot be spared in their present occupations?

Miss DUNBAR. By agreement, that is not our responsibility. We assumed a definite responsibility in that before the time of the Procurement and Assignment Service.

Mr. MARTIN. Who has the jurisdiction of that or the responsibility of that now? You pass that on to the armed forces, do you?

Miss DUNBAR. For the Army, that is in the hands of the Army, who have already agreed, however, that they will consult with Procurement and Assignment.

Mr. THOMASON. We have the head of the Procurement and Assignment Service waiting here to testify.

Mr. MARTIN. Then there is one other question: In your opinion, is the pay and allowances of the Army and Navy high enough now to be very attractive to the nurses, or is there some need to consider this matter of pay and allowances in the armed forces?

Miss DUNBAR. I believe that is pretty well cared for.

Mr. MARTIN. That is all.

Mr. THOMASON. I would like to say, for the benefit of the committee, that the executive officer of the Procurement and Assignment Service is here waiting to testify just as soon as we get through with Miss Dunbar.

Any questions, Mr. Sikes?

Mr. SIKES. Miss Dunbar, I do not believe I followed your responses to the gentleman's questions as to the necessity of legislation of this particular type. I do not care to commit your organization. I

would like to know, however, if you believe that it will not be possible to secure the number of nurses by voluntary methods or voluntary recruitment.

Miss DUNBAR. I do not believe that that can be predicted, and I think that the only way we can face it is to see the specific factors that are involved in it; and one of the most important ones is to keep those nurses who apply for service and have applied during January feeling that it is very important for them to go through with their applications.

Mr. THOMASON. Any further questions?

Mr. SIKES. That is all.

Mr. THOMASON. Mr. Elston.

Mr. ELSTON. Miss Dunbar, I just wanted to ask you a question or two. During the year 1944 did anything occur that caused the applications to fall off considerably?

Miss DUNBAR. It has already been pointed out that during 1944 there were quite a number of things that entered into it. The Army ceiling was, of course, on at the beginning of the year, and therefore recruitment was not as aggressive as it would have been otherwise. Also the registration of nurses which was to have taken place was not held. And we had no sooner had that ceiling lifted than the general attitude throughout the country that the war was won made war news or the need for nurses not at all acceptable either to nurses or to the general public.

Mr. ELSTON. Now, that ceiling, of course, was lowered by the Army itself?

Miss DUNBAR. That is right.

Mr. ELSTON. And after the Army lowered the ceiling there was no particular amount of effort made to register nurses for service?

Miss DUNBAR. There would have been none because the number of nurses needed was so nearly obtained that it had to be watched very closely.

Mr. ELSTON. Now, how many were you registering prior to that announcement by the Army that they were placing a ceiling of only 40,000 on their requirements?

Miss DUNBAR. I cannot answer that. There was, of course, another element in it. It was the third year of the war, and the number of nurses from which to draw was less than it had been in the previous years.

Mr. ELSTON. Yet, when the President came out and indicated that a greater number of nurses were needed, registration was considerably stimulated during the month of January of this year, and we have had a very large number of applications; is not that correct?

Miss DUNBAR. Definitely.

Mr. ELSTON. Now, Dr. Fenton indicates there were about 14,600 that applied in 1945, just in the month of January. Now, out of that number, what is your best judgment of the percent that would be qualified for military service?

Miss DUNBAR. I would say that approximately 68 percent should qualify for commissions if you could eliminate all the personal elements; 68 percent would probably qualify, but we cannot say that we could ever count on 68 percent going through.

Mr. ELSTON. How many could you count on going through?

Miss DUNBAR. I could not predict that.

Mr. ELSTON. Just what would prevent them going through?

Miss DUNBAR. Two things. One, they have all been given individual availability dates, which means only a certain portion of them will go through by a given time, say, June 1, for the Army.

The other, that there are many personal elements in any individual nurse's life which may mean that she would not go through with her application or she would delay her application still further to any point along the line.

Mr. ELSTON. Would very many of them drop out after they have made application?

Miss DUNBAR. We have no exact figure on the number who have dropped out in the past on that basis, because it usually shows up more in a delay of applications than it does in actual figure of loss. But we do feel that this month of January 1945 has a number of factors in operation which make it impossible to predict exactly the result we get from that number on the basis of our previous experience.

Mr. ELSTON. On the basis, as 14,600 per month, you would get a very high percentage of qualified nurses?

Miss DUNBAR. An unusually large number.

Mr. ELSTON. How does that number compare with January 1944?

Miss DUNBAR. You can see that January has always been a good month—1942, 1943, 1944 [indicating on chart]. And that is partly, quite largely, due to the fact that nurses finish in the fall. The largest number finish training in the fall and take their State board examinations and then are available about December, and now that has always increased the January applications and assignments.

Mr. ELSTON. Now, what other month of the year would that same condition prevail, about June or July?

Miss DUNBAR. It is the only month in which the very great difference is made.

Mr. ELSTON. Is not there a State examination in most States after graduation in June?

Miss DUNBAR. There are many examinations offered in the States throughout the year; but the largest number of students finish in the fall and take their examinations then, so that is the largest group.

Mr. ELSTON. Getting back to my previous question, how many applied in January 1944? You said the number was large but did not indicate how many.

Miss DUNBAR. I do not seem to have added this up, but it is under 12,000, and the 14,000 I believe Dr. Fenton refers to must include applications which were on hand at the beginning of this push, which means that that many, 14,000, applications would be in process at the present time either in committees or the national headquarters or be transferred to the Army.

Mr. ELSTON. That is in 1945?

Miss DUNBAR. Yes.

Mr. ELSTON. How many applications were in process during the month of January 1944?

Miss DUNBAR. I can tell you how many assignments we made in each of those months, but I have not it in terms of applications in process.

Mr. ELSTON. Give us the assignments then.

Miss DUNBAR. In 1944 the total assignments of the Army and Navy—as recorded in A. R. C. records—were 1,745. In 1943 there were 2,230.

Mr. ELSTON. That is for the month of January?

Miss DUNBAR. Yes. And in 1942 there were 547.

Mr. ELSTON. I wonder if you would take January 1944, and follow it with February, March, and April clear through and see how the figures run for that year from the list you have just read from?

Miss DUNBAR. In the year 1944, January, 1,745; February, 1,485; March, 1,551; and April, 1,202. These are the figures you asked for.

Mr. ELSTON. You are giving us the right figures. Go ahead.

Miss DUNBAR. May, 1,087; June, 799; July, 790; August, 857; September, 740; October, 1,078; November, 821; and December, 781.

Mr. ELSTON. So that as the year went on the number fell off considerably and was no doubt due in a large measure to the policy of the Army itself in indicating that they did not want as many nurses as they previously thought they did?

Miss DUNBAR. That was certainly a factor in it, but the attitude of the entire country toward the war, including the attitude of the nurses as part of the general population, made it very difficult in which to do anything.

Mr. THOMASON. Any further questions, Mr. Elston?

Mr. ELSTON. Yes, just another question. If the rate of applications continued to come in the way they are coming in now, even making allowance for the fact that January is a better month than other months, it won't be long until you have a sufficient number of nurses to supply all the needs of the Army and Navy, will it?

Miss DUNBAR. If the applicants that have now placed their applications went through with them, the number we would need to get each month to meet an Army requirement of 55,000 by June 1 would not be impossible perhaps so far as numbers are concerned. I believe the Army has not yet said, however, by what date it would like the 60,000 nurses.

Mr. ELSTON. They did not decide until yesterday that they needed them, or the day before.

The passage of this type of legislation is not going to speed the process of selecting the nurses, is it?

Miss DUNBAR. Not unless it were in operation immediately, very quickly.

Mr. FENTON. Will the gentleman yield?

Mr. ELSTON. Yes; just a moment, Doctor.

You still have to go through a certain process in order to select the nurses who possess the qualifications that are desired for the Army and Navy, and you are speeding that process along as fast as you can now, are you not?

Miss DUNBAR. We have a night crew working on applications at the present time in order to take care of the increase.

Mr. ELSTON. And it would not do to turn it over to some other agency of the Government and you feel the time you are now consuming is necessary in order to make proper selections?

Miss DUNBAR. We feel these nurses are serving as officers in the Army, and it is very essential we have adequate qualifications and credentials for them.

Mr. ELSTON. I think we all agree on that. And any system to take them faster might do more harm than good?

Miss DUNBAR. That might be true.

Mr. ELSTON. Now, Doctor, you may go ahead.

Mr. FENTON. My request for information was to clear up the record. There were 14,600 applications issued during the month of January?

Miss DUNBAR. Issued?

Mr. FENTON. Issued. And of that group 1,050 were accepted and that was an increase of 450 over the previous month of December?

Miss DUNBAR. I am sorry I cannot quite explain that, but if those applications were issued we ourselves have kept no account of the applications issued. We count only the applications turned in by the nurse which means she has placed her application.

Mr. FENTON. What about when an application has been on request by an applicant?

Miss DUNBAR. But we keep no record of that.

Mr. THOMASON. Any questions? Any questions, Mr. Roe?

Mr. ROE. Miss Dunbar, I am one that would sooner solve this problem by voluntary means, if possible. If the Army says they need 60,000 and have just increased it from 50,000, I must agree with it because they certainly know their business and know their requirements.

On your certifications here on page 3 I notice in 1943 there were 337,708, nurses certified by the R. C. to the Army and Navy, then in 1944 this dropped down to 17,987, and the actual Army and Navy assignments in 1943 were 22,956 and in 1944, 12,936. Now, that is a tremendous falling off. Would not that seem to indicate there was some necessity for this legislation because of it being of such an imperative nature?

Miss DUNBAR. It is of an imperative nature I am sure, but I believe that our facts point up the various elements that enter into it rather than actually being able to state that you can or cannot obtain the nurses.

Mr. ROE. It just seems to indicate that where there is almost a 50-percent fall-off we could argue why or how it happened, and that something should be done, and while I do not believe in the legislation myself, I do not see how it can be accomplished by any other means because of these figures that show this big fall-off.

Mr. THOMASON. Is that all, Mr. Roe?

Mr. ROE. That is all.

Mr. THOMASON. Mrs. Luce.

Mrs. LUCE. No questions.

Mr. THOMASON. Thank you very much, Miss Dunbar, for your very valuable contribution. We will now hear from Dr. Paul Barton, executive officer of the Procurement and Assignment Service, War Manpower Commission. Come around, Dr. Barton.

STATEMENT OF DR. PAUL BARTON, EXECUTIVE OFFICER, PROCUREMENT AND ASSIGNMENT SERVICE, WAR MANPOWER COMMISSION

Mr. THOMASON. You are Dr. Paul Barton, executive officer of the Procurement and Assignment Service of the War Manpower Commission?

Dr. BARTON. Yes, sir.

Mr. THOMASON. You may proceed, Doctor.

Dr. BARTON. All right, sir. I will speak from the statement made by Dr. Stone, yesterday.

The directing board of the Procurement and Assignment Service feels if there is no other way to obtain the nurses which are actually necessary to the military forces then the legislation adopted should provide a mechanism for adequate selection so that the civilian health and safety will be protected.

Now, that is a two-part statement. The first deals with the question of the necessity for a draft and the second with the protection of the civilian population.

In my opinion any voluntary program, whether it is for physicians or nurses or any other similar profession, depends on two factors. One factor is whether or not there is any teeth in the voluntary program and the other the cooperation of the profession itself which involves all of their national organizations, all of the preceptors and leaders of the profession.

In nursing the Nursing Division of the Procurement and Assignment Service was set up through the efforts of the National Council for War Service and we have had their cooperation and that of many other organizations in the carrying on of this program as to those who were available and who were essential. This same organization leads us to believe we cannot obtain these nurses without a draft. How can we go ahead if this nurses organization officially informs us this goal cannot be met without a draft? We must, of necessity, agree and we must give serious consideration to a draft.

The other point I raised was the question of teeth. The program becomes voluntary and stays voluntary completely and entirely up to the point where every willing candidate has applied and been accepted. Then you run into those who must have a little persuasion. In the medical program, of course, we had Selective Service so that, even though there are a lot of physicians in the service who never would have been affected by Selective Service because of age, there are also some in the service who went in after Selective Service had pointed out to them that they were declared available for military service by the Procurement and Assignment Service. We do not have that in this program.

The reason I believe we need this particular measure is not only from what the nursing organizations say, but also I believe we are at a point where we need to deal with the group that needs a little persuasion. More particularly those of us who have been through this process know that many of these nurses are being attacked by people regarding their essentiality in civilian life. It is easy to persuade them under existing conditions that they cannot be spared.

Now, another reason why I believe that a draft is necessary to meet this goal, and more particularly a goal which is set by the Army at 60,000 I will add, is that you cannot start a proposal or a discussion of a draft without having an effect on recruitment service. In other words, we have just heard discussion here in regard to 14,000 applications which resulted from the President's address and it was agreed almost entirely that the need was made known. I call attention to the fact that a draft was mentioned also and that might have had a part in this upsurge of applications. If you discuss and publicize a proposal for a draft of nurses and then do not draft them, you are much worse off than if you did not do so.

Mr. THOMASON. It has a particular lag?

Dr. BARTON. Yes, sir.

Mr. THOMASON. A let down?

Dr. BARTON. That is right, sir.

For those reasons I believe we are faced with a problem, especially if there has to be 60,000 for the Army between now and June 30, where I think a draft is absolutely necessary.

Mr. THOMASON. At that point does that mean that out of your extensive experience in the procurement and assignment of physicians and nurses you feel that they cannot be obtained by a voluntary method?

Dr. BARTON. No, sir; not under the circumstances I have mentioned. I agree with the statement from the Army that a draft is necessary.

Mr. THOMASON. If the Army is right in its assumption in its estimate, they must have 60,000?

Dr. BARTON. That I cannot answer.

Mr. THOMASON. I know, but is it your opinion, based upon some wide and I think quite successful experience, and that of your branch they cannot obtain them by voluntary methods within the time mentioned?

Dr. BARTON. Yes, sir.

Mr. FENTON. Mr. Chairman, could I ask a question?

Mr. THOMASON. Doctor Fenton.

Mr. FENTON. Now, as to those 14,000 that asked for applications in January; what are the Manpower people doing toward expediting these 14,000 applications? Certainly, I do not think it ought to take 3 weeks to process an application.

Dr. BARTON. The processing of an application is primarily by the American Red Cross. Our job is to designate who is available and who is essential.

Doctor Stone called attention to the fact that at the present time the Army has said they would not respect entirely our classification of essential nurses.

That brings me to the second part of what I wish to say, and that is the mechanism of the Procurement and Assignment Service. I am sure it was not clearly understood just exactly what the program was when dealing with a group who volunteer for commission in the armed forces. The medical program, having a draft to back it up, did not result in any great number of physicians being drafted. In fact, I think you could say not more than a dozen were drafted and that was due to some special circumstances. Selective Service would give consideration to the registrant in this category and seek advice from Procurement and Assignment Service as to availability. If considered available by this agency, then the nurse would be notified just as a male registrant was that she was considered available for military service and it is presumed that she would apply for a commission in the Army or Navy Nurse Corps. If it got down to a point where she did not apply, Selective Service could say, "We will have to take you in the Army." It is still not final. She can go in and 2 or 3 or 4 weeks later be commissioned as were some physicians.

I do not want to take too much time here but there is one other point I would like to bring out, and that is this: As far as determining who the essential nurses are that picture is pretty well set up at the present time. And if Selective Service were to ask us for that information we could tell them. Yesterday there were questions in

regard to whether a nurse in a doctor's office is essential. We have that all outlined. She is essential if she is doing duties that no one but a nurse can do. We believe in practically all communities private duty nursing can be carried on by those who are ineligible for military service.

Mr. DURHAM. Have you got a temporary set-up now under which you are operating?

Dr. BARTON. Yes, sir; complete criteria in every branch.

Mr. DURHAM. Will you put that in the record?

Dr. BARTON. Yes, sir.

Mr. THOMASON. I think it would be very desirable.

(The information requested is as follows:)

WAR MANPOWER COMMISSION
WASHINGTON, D. C.

Nursing Information 4, September 22, 1943.

Procurement and Assignment Service for Physicians, Dentists, Veterinarians, and Nurses

SEPTEMBER 22, 1943.

Memorandum.

To: State and local committees for nurses.

From: Directing Board, Procurement and Assignment Service.

Subject: Classification of nurses.

In order to make available a sufficient number of nurses to meet the needs of the armed services, keeping in mind essential civilian nursing needs, all nurses will be classified as to their availability for military service or their essentiality for civilian service. This applies not only to nurses eligible for military service, but to all nurses. The classifications of nurses eligible for military service will be sent to the State committees for nurses for final action (see Nursing Information 5).

Using the criteria which have been established by Procurement and Assignment Service (Nursing Information 3) and the roster of graduate nurses as guides, the local committee for nurses will classify each nurse residing within its jurisdiction in one of the following categories:

Class I. Available for military service, not holding an essential position, and potentially qualified for military service.

A. Unmarried.

B. Married.

1. Married with no children and not maintaining a home with husband.

2. Married with no children and maintaining a home with husband.

3. Married with children, none of whom are under 14 years of age.

Class II. Available for relocation.

A. Outside the community.

B. Within the community.

Class III. Essential for limited duration or until a replacement can be secured.

A. For hospital service.

B. For public health.

C. For industry.

D. For nursing education.

E. Other.

Class IV. Essential for unlimited duration.

A. For hospital service.

B. For public health.

C. For industry.

D. For nursing education.

E. Other.

Class V. Not available for either military or emergency civilian service because of physical disability, age, or other reasons.

EXPLANATION OF ABOVE CLASSIFICATION

Class I. A nurse under 45 years of age with no children under 14 years of age, not essential in her present position, who is presumably physically qualified for service with the armed forces.

A nurse in class I-B-2 or I-B-3 should not be declared available to the Red Cross Nurse Recruitment Committee by the State committee until all nurses in classes I-A and I-B-1 have been exhausted, unless she has indicated a desire to serve with the armed forces. She should be encouraged to accept an essential civilian nursing position, at which time she will be reclassified as essential.

Class II. A. A nurse not eligible for military service and not essential in her present position, who may be willing to consider relocation in another section of the State or country where the need for her services is greater. Relocation may be on a temporary or a permanent basis.

B. A nurse not eligible for military service nor essential in her present position, who could accept another type of essential nursing work. Example: A nurse, not eligible for military service, who is not needed for private duty, would be classified as II-B.

Class III. An essential nurse who may or may not be eligible for military service for whom it is assumed that a satisfactory substitute can be obtained. Example: A head nurse in a hospital without a school of nursing who could be replaced by a qualified nurse who is not eligible for military service would be classified as III-A.

Class IV. An essential nurse who may or may not be eligible for military service for whom, under present conditions, the chances are small for finding a satisfactory replacement. Example: A director of a visiting nurse association would be classified as IV-B.

Class V. A nurse who cannot be expected to engage in active nursing because of age, physical disability, or other reasons.

WAR MANPOWER COMMISSION

WASHINGTON, D. C.

Nursing Information 3, October 2, 1943.

Procurement and Assignment Service for Physicians, Dentists, Veterinarians and Nurses

OCTOBER 2, 1943.

To: State and local committees for nurses.

From: Directing board, Procurement and Assignment Service.

Subject: Criteria of Essentiality for Nurses.

Nurses, agencies, or individuals employing nurses cannot hope to go on as before Pearl Harbor. There are not enough nurses to allow "service as usual." The armed forces have a priority on nurses; the remaining nurses must be equitably divided among the nonmilitary governmental agencies and essential civilian nursing services. In order to do this, the local committee for nurses should make a study of the nursing needs and resources of its particular community, and determine which nurses in which positions in which agencies are essential. Resources to be considered are not only nurses now actively employed but also inactive nurses, nurses working in nonnursing positions, student nurses, nurses' aides, other volunteers, and paid auxiliary workers.

The local committee, having studied the nursing needs and resources of its community, will on the basis of this study classify all nurses in the community (see Nursing Information 4). The State committee will review the classification of nurses eligible for military service (see Nursing Information 5). If a nurse changes her position, she should be reclassified.

An effort should be made to have every nurse serve in the position where she is most needed and where her abilities may be used to the fullest.

The following criteria for the determination of essentiality of nurses, based on Priorities for Nurses and Distribution of Nursing Service during War¹ have been

¹ Copies may be obtained from the publisher, the National Nursing Council for War Service, 1790 Broadway, New York City.

established to guide you in classifying nurses. These criteria will be supplemented from time to time as the need for nurses changes and studies are made.

Nurses holding positions not listed in the following criteria should be considered on an individual basis.

Nursing Information 3-A,
September 29, 1943.

WAR MANPOWER COMMISSION
WASHINGTON, D. C.

Procurement and Assignment Service for Physicians, Dentists, Veterinarians, and Nurses

CRITERIA OF ESSENTIALITY FOR NURSING EDUCATIONAL PERSONNEL

Nurses employed in nursing educational positions who are essential in one of the following positions should be so classified.

Nurses eligible for military service who are essential in one of the following positions should be so classified until they can be replaced.

Nursing educational personnel, as here defined, refers to graduate nurses who are employed specifically for the operation of educational programs as indicated under I, II, III, and IV below.

I. Basic Professional Programs in Nursing.

1. Director or dean of school of nursing (usually also director of nursing service in hospital).
2. Assistant or associate director or dean of school of nursing (usually also assistant director of nursing service).
3. Instructor in school of nursing and/or supervisor in nursing service.
 - a. Instructor in biological, physical, or social sciences or in related subjects.
 - b. Instructor in nursing arts.
 - c. Instructor in clinical nursing (usually also supervisor of related clinical service—medical, surgical, obstetric, etc.)
4. Assistant clinical instructor and supervisor (head nurse in unit used for student teaching).

N. B. General staff nurses, although not classed as educational personnel or employed as such, are needed to stabilize nursing services in hospitals or public health agencies where student nurses have their clinical experience.

II. Advanced professional program for graduate nurses.

1. Director or dean of school or department of nursing.
2. Assistant or associate director or dean of school or department of nursing.
3. Instructor and/or supervisor or coordinator of related field work in a school or department of nursing or in a separate refresher course.

III. Program for auxiliary nursing workers.

1. Director, instructor and/or supervisor in school for practical nurse or attendants.
2. Instructor and/or supervisor in courses for volunteer nurses' aides or other auxiliary personnel.
3. Instructor or supervisor in home-nursing courses (full time).

IV. National and State programs in nursing education.

1. Director and/or member of nursing staff of State board of nurse examiners or other State agency operating a nursing educational program.
2. Director and/or member of nursing staff of Federal agency operating a nursing educational program.

Application of criteria

1. Every effort should be made to replace nurses eligible for military service with nurses who are not eligible and who are qualified for such positions.

2. When nursing educational personnel eligible for military service are classified as available, preference should be given to those who have not had special preparation for educational work or who are not potentially qualified for such work.
3. Possibilities of replacement should be considered in light of such factors as:
 - a. Existing shortages in different categories of nursing educational personnel, e. g. instructors in nursing arts and clinical nursing.
 - b. Time required for preparation of new workers in these categories and accessibility of training facilities in the area.
 - c. Services affected, as where individual holds dual appointment on nursing school and hospital nursing staff.
 - d. Possibility of replacing nurse with nonnurse instructors as in teaching of the biological, physical, and social sciences.
 - e. Personnel practices as they affect the possibility of maintaining an adequate staff.
4. The number of educational personnel needed to conduct an educational program should be considered in light of such factors as:
 - a. Size of school.

Even if the school is small, a sufficient staff must be maintained to supply an assistant director both day and night, qualified instructors for the main divisions of the curriculum and competent supervisors or head nurses for all nursing services to which student nurses are assigned, whether in the home hospital or in an affiliated institution.
 - b. Increase in student load.
 - c. Number of classes admitted yearly.
 - d. Degree to which program is accelerated.
 - e. Requirements of State laws and regulations governing schools of nursing.

Recommendations

The local committee, in studying community needs for nursing educational personnel as a basis for classification, will keep in mind certain general considerations as well as certain possibilities of adjustment within the community itself.

A. General considerations.

1. The fact that nursing schools produce nurses for both military and civilian needs and that if this production program is jeopardized all branches of nursing service will suffer.
2. The present shortage of nurses in the country at large and the national plan to relieve this shortage endorsed by professional and military authorities and implemented by Congress, e. g. Cadet Nurse Corps.
3. The fact that the safety of patients in civilian hospitals where student nurses and auxiliary workers are located depends on an adequate supply of instructors and supervisors in these institutions.
4. In hospitals where student nurses are receiving all or part of their training, a sufficient number of general staff nurses should be employed:
 - a. To safeguard students from taking responsibility before they are ready.
 - b. To stabilize nursing services when students are at class.
 - c. To relieve students of excessive evening and night duty.
 - d. To prevent unduly long service assignments to meet hospital needs.
5. Classification of nurses as essential who are preparing for essential nursing educational positions. These nurses should be potentially qualified for nursing educational work in order that they may be prepared in the shortest possible length of time.

B. Possibilities of adjustment in the local situation.

1. The possibility of pooling existing nursing educational personnel in two or more schools.
2. The possibility of utilizing the resources of nearby colleges or universities for teaching of preclinical subjects.
3. The possibility of economizing the services of nursing educational personnel by relieving them of noneducational duties and by supplying them with nonnurse assistants.
4. The possibility of making available training facilities for members of educational staffs on a part-time basis or for brief periods of intensive study.

Nursing Information 3-B, October 1, 1943.

WAR MANPOWER COMMISSION
WASHINGTON, D. C.

Procurement and Assignment Service for Physicians, Dentists, Veterinarians, and Nurses

CRITERIA OF ESSENTIALITY FOR HOSPITAL NURSING PERSONNEL

Nurses employed in hospitals who are essential in one of the following positions should be so classified. Those nurses eligible for military service who are essential in one of the following positions should be so classified until they can be replaced.

- I. In hospitals which have schools of nursing (see Criteria of Essentiality for Nursing Educational Personnel—Nursing Information 3-A).
- II. In hospitals which do not have schools of nursing:

1. Director.
2. Assistant directors, including evening and night assistants.
3. Supervisors and head nurses.
4. Staff nurses.

Recommendations

The local committee, in studying the nursing needs of hospitals in the community as a basis for classification of nurses, will give consideration to the following (see also Recommendations for Nursing Educational Personnel):

1. The size and type of hospitals.
2. The availability of nurses qualified to fill the administrative positions.
3. The personnel practices of the hospitals as they will affect nursing efficiency and the possibility of maintaining an adequate nursing staff, e. g., reasonable working hours, good living conditions, adequate salaries.
4. The necessity of adequate nursing supervision of nonprofessional workers in order to safeguard the welfare of the patient.
5. Limiting the activities of nurses to those duties which require professional nursing skill and allocating all other duties to nonprofessional workers.
6. The insuring of minimum adequate nursing care to all patients in all hospitals in the community.

Nursing Information 3-C, September 21, 1943.

WAR MANPOWER COMMISSION
WASHINGTON, D. C.

Procurement and Assignment Service for Physicians, Dentists, Veterinarians, and Nurses

CRITERIA OF ESSENTIALITY FOR PUBLIC HEALTH NURSES

Public Health nurses who are essential in one of the following positions should be so classified. Those nurses eligible for military service who are essential in one of the following positions should be classified as essential until they can be replaced.

1. Director, supervisor, or teacher of public-health nurses.
2. Staff nurse rendering a generalized service.

Application of criteria

1. Every effort should be made to replace nurses eligible for military service with nurses who are not eligible and are qualified to fill such positions.

2. Adequate supervisory personnel should be maintained due to the necessity of utilizing a larger number of less well qualified staff nurses and nonnursing personnel.

3. The staff nurse should be carrying out a generalized service in a ratio of 1 nurse to 5,000 population considering both private and public agencies.

4. The designation of a particular nurse as essential in some other capacity than director, staff nurse, etc., as listed in 1 and 2 above, should be determined after conference between the administrator of the public-health agency involved and the local committee for nurses of Procurement and Assignment Service.

5. When public-health nurses eligible for military service are classified as available, preference should be given to those who have not had special preparation for public-health nursing.

RECOMMENDATIONS

The local committee in studying community needs for public-health nurses as a basis for classification will give consideration to the following:

1. The administration and programs of public-health-nursing services differ throughout States, within States, and within localities, this variation being due to historical development, differences in health problems, population densities, and conditions brought about by rapid expansion of war industries and military centers which create special health problems. These variations should be recognized and the total amount of public-health nursing available in a community be distributed, as far as practicable, on a basis of priority of need without regard to former special agency objectives, interests, or sources of income.

2. In order to bring about an equitable distribution and economical use of public-health-nursing services, efforts should be made—

a. To pool all community public-health nursing activities, since direct services by a variety of specialized public-health nurses should be eliminated for the duration of the war as an initial step toward economy of personnel.

b. To prepare all public-health nurses for generalized service, regardless of former agency affiliation or special type of service.

c. To mobilize and utilize nursing personnel who have not had preparation in public-health nursing and are not eligible for military service for all functions that do not absolutely require public-health-nursing training and experience.

d. To utilize nonnursing personnel for activities not requiring nursing skill.

3. The classification of nurses as essential who are preparing for positions in essential public-health programs. These nurses should be potentially qualified for public-health-nursing work in order that they may be prepared in the shortest period of time.

4. Public health nurses not eligible for military service, and not essential for work in the local community, should be relocated to areas of special need caused by military and industrial concentrations.

5. The utilization of public-health nurses to their fullest capacities for public-health-nursing duties only, with a workweek comparable in hours to those of other nursing groups in the community.

Nursing information 3-D,
September 21, 1943.

WAR MANPOWER COMMISSION
WASHINGTON, D. C.

Procurement and Assignment Service for Physicians, Dentists, Veterinarians and Nurses

CRITERIA OF ESSENTIALITY FOR NURSES IN INDUSTRY

Nurses employed for nursing service in industry who are essential in one of the following positions should be so classified. Those nurses eligible for military service who are essential in one of the following positions should be classified as essential until they can be replaced.

1. Industrial nursing consultant in State or city health department or labor department.
2. Supervisor who has had preparation and/or experience.
3. Staff nurse who is working full time at professional nursing duties.
4. The only full-time nurse working full time at professional nursing duties.

Application of criteria

Every effort should be made to replace nurses eligible for military service with nurses who are not eligible and are qualified to fill such positions.

Recommendations

In studying the community needs for nurses in industry, the local committee should give consideration to the following:

1. Nurses in industry should limit their activities to professional nursing duties connected with the medical department.
2. Industry should utilize existing community resources for nursing services if those resources are adequate to serve its needs.
3. Nonprofessional technical aides should be used to the greatest possible extent in order to conserve nursing time.

Nursing Information 3-E,
October 1, 1943.

WAR MANPOWER COMMISSION
WASHINGTON, D. C.

Procurement and Assignment Service for Physicians, Dentists, Veterinarians, and Nurses

CRITERIA OF ESSENTIALITY FOR PRIVATE DUTY NURSES

Nurses engaged in private duty nursing who are eligible for military service should be classified as available for military service.

Recommendations

It should be determined by the local committee how many of those private-duty nurses not eligible for military service are needed for the care of acutely ill patients in the community. Those not absolutely necessary for care of these patients should be utilized for other types of essential civilian nursing service.

Private duty nurses not eligible for military service should be utilized in the following manner:

A. For care of acutely ill patients:

1. In hospitals:
 - a. Group nursing in which one nurse cares for two or more patients.
 - b. Care of one patient only where "a" (above) cannot provide sufficient care.
2. In homes:

Only when it is impossible to provide enough care through facilities such as visiting nurse associations and hourly nursing services.

B. For meeting other civilian needs as—

1. General staff nurses in hospitals or other hospital nursing positions for which they are qualified.
2. Nurses in public-health nursing agencies for duties not requiring preparation and experience in public-health nursing.
3. Staff nurses in industry where adequate supervision is provided.
4. Nurses in physicians' offices where nursing service is required.

Nursing Information Supplement 3-A, 3-B, January 31, 1944.

WAR MANPOWER COMMISSION
WASHINGTON, D. C.

Procurement and Assignment Service for Physicians, Dentists, Veterinarians, and Nurses

JANUARY 31, 1944.

To: State and local committees for nurses.

From: Directing Board, Procurement and Assignment Service.

Subject: Supplement to Criteria of Essentiality for Nursing Educational Personnel (Nursing Information 3-A) and Criteria of Essentiality for Hospital Nursing Personnel (Nursing Information 3-B).

The following recommendations regarding nursing personnel have been developed as a guide to committees in classifying nurses employed in general hospitals. These recommendations, if followed out, should provide essential care if there is good utilization of all nursing personnel. Local committees would attempt to bring nursing service up to the minimum in those hospitals which are below the minimum, and classify enough nurses as available for military service or relocation in those hospitals which are above the maximum to bring them within the recommended limits.

1. Supervisors and head nurses.

It is recommended that the ratios of supervisors and head nurses be maintained at the median level as suggested in Distribution of Nursing Service During War.²

(a) Ratio of day supervisors and head nurses together to patients by service

Medical	1 to 15.
Surgical	1 to 15.
Obstetric:	
Mothers	1 to 12.
Infants	1 to 26.
Pediatric	1 to 12.

(b) The ratio of supervisors and head nurses together to operations, 1 to 4.1.

(c) The ratio of night supervisors (on a 48-hour week) to patients in hospital as a whole, 1 to 80.

2. General staff nurses.

(a) It is recommended that hours of nursing service per patient per 24 hours and ratio of nurses to operations, exclusive of supervisors and head nurses, but including services of graduate and student nurses, and auxiliary workers be maintained at the median levels suggested in Distribution of Nursing Service During War.

It should be recognized that these hours represented service provided by graduate and students whereas now in many instances the time given by auxiliary workers will be included.

With all-graduate staff

Service:	Hours per patient
Medical	2.7
Surgical	2.7
Obstetric:	
Mothers	3.7
Infants	2.1
Pediatric	3.4
Communicable disease	4.0

With graduate and student staff

Service:	Hours per patient
Medical	3.2
Surgical	3.2
Obstetric:	
Mothers	4.2
Infants	2.3
Pediatric	4.4
Communicable disease	4.7

One nurse to 1.2 operations (with an all-graduate staff on a 48-hour weekly schedule).

One nurse to 1.0 operations (with graduate and student staff; graduates on 48 hours, students, 44 hours).

(b) It is recommended that of the care suggested in (a) above, there shall be service by graduate nurses as follows:

Hours of nursing service per patient in 24 hours for general hospitals, by graduate staff nurses, including operating-room nurses

General hospitals:	Minimum hours	Maximum hours
With students	0.5	1.0
Without students	1.5	2.5

Graduate staff nurses needed in a general hospital, having a daily average of 100 patients, including new born, on a basis of a 48-hour week

General hospitals:	Minimum	Maximum
With students (number of nurses)	7.3	14.6
Without students (number of nurses)	21.9	36.5

² Published by the National Nursing Council for War Service, 1790 Broadway, New York City.

Supplement to Nursing Information 3-C, May 9, 1944.

WAR MANPOWER COMMISSION

PROCUREMENT AND ASSIGNMENT SERVICE

Washington, D. C.

To: State chairmen and local procurement and assignment committees for nurses.
 From: Directing Board, Procurement and Assignment Service.
 Subject: Supplement to Criteria of Essentiality for Public Health Nurses (Nursing Information 3-C).

RECOMMENDED MINIMUM WARTIME PUBLIC HEALTH NURSING SERVICE

The recommended minimum wartime public health nursing service outlined below is a guide to be used by procurement and assignment committees in their appraisal of public health nursing services, with a view to coordinating services in order to bring about better distribution and utilization of public health nurses. It is possible of accomplishment if one public health nurse, rendering a generalized service, serves an average population of 5,000 people in either rural or urban areas where there are no unusual public health problems utilizing a large amount of nursing service such as endemic diseases, high percentage of home deliveries requiring postpartum care, inadequate hospital facilities, etc.

All agencies administering public health nursing services should collectively study their programs for the purpose of working out a plan whereby a minimum adequate wartime service can be achieved with the greatest conservation of nursing personnel. If complete generalization cannot be accomplished at once, immediate steps should be taken to coordinate nursing services. Any community having only public health nurses giving specialized nursing services should not be deprived of the services given by these nurses at once but steps should be taken to coordinate the special services in order to cover the minimum wartime program outlined below.

Generalized nursing services may be carried out in a community through the home, school, clinic, office of the agency and community groups, etc. The service should include health instruction and supervision and care of the sick.

I. Service in the home.

Nursing service directed to the family in the home may involve one or more of the following service categories:

- A. Acute communicable disease.³
 1. Visits to give or demonstrate nursing care.
 2. Visits to maintain immunization program at a protective level.
 3. Visits to implement health department regulations regarding isolation and release.
 4. Visits to carry out necessary follow-up of contact cases according to department of health practice.
- B. Tuberculosis.
 1. Visits to give or demonstrate nursing care.
 2. Visits to infectious patients on a family service basis and to non-infectious patients with specific medical recommendations.
 3. Visits to secure one examination for all contact cases and repeated visits to selected cases according to department of health practice.
- C. Syphilis.
 1. Visits to infectious cases until under adequate treatment.
 2. Visits to give or demonstrate nursing care.
 3. Visits to those patients delinquent from treatment and whom the physician believes should be followed up.
 4. Visits to locate sources of infection and contact cases.

³ The standard for effective health department practice in communicable disease upon which this nursing service is based are those outlined in the Control of Communicable Diseases, Report of Committee, American Public Health Association, 1940.

D. Maternity.

1. Antepartum.

- a. An initial visit to every case referred to the agency.
- b. Subsequent visits only to those patients not under continuous medical supervision with the following exceptions:
 - (1) Patients presenting physical, social, or economic problems or those considered hazards on account of previous maternity experience.
 - (2) Primiparae in need of further instruction.
 - (3) Patients to be delivered at home.

2. Delivery.

- a. Nursing care during labor and at delivery should be provided whenever possible by graduate nurses not actively engaged in public health nursing.

3. Postpartum.

- a. Visits preferably on first, third, and eighth days following home delivery or immediately following early dismissal from hospital.
- b. Additional visits during the postpartum period only if patient's or baby's condition or home situation indicates.
- c. Visit at sixth week to interpret the need for postpartum examination.

E. Infants.

- 1. One visit as soon after birth as possible.
- 2. Further visits during first year to selected cases such as all premature infants and infants with feeding or other problems; newborn infants according to mother's and infant's needs.
- 3. Visits to demonstrate and give nursing care because of illness.

F. Preschool children.

- 1. Visits only to cases with special problems, such as failure to maintain normal growth and development or difficult feeding and behavior problems.
- 2. Visits to demonstrate and give nursing care because of illness.

G. School-age children.

- 1. One visit to a child with special health problems which remain uncorrected, if other methods than home visits have failed, and return visits to selected cases which present physical, psychological, or social problems.
- 2. Visits to demonstrate and give nursing care because of illness.

H. Adults.

- 1. One visit to persons referred to nursing agencies to determine problems and give advice, and return visits only when need is urgent on basis of physical, psychological, or social problems.
- 2. Visits to demonstrate and give nursing care because of illness.

In relation to all nursing care of the sick indicated in the above categories, it is assumed that nursing care will be given under the direction of a physician and will be turned over to the family as soon as possible, but that continued visits may be needed where no adequate care can be arranged.

II. Service in schools, clinics, or community groups.⁴**A. Schools.**

- 1. Visits to schools on a planned schedule primarily for the following activities:
 - Conferences with parents by appointments.
 - Conferences with teachers.
 - Conferences with selected pupils.
 - To make or follow up environmental survey.
 - To give instruction, help plan for physical examination, first aid, etc.
- 2. Return visits to schools for special reasons such as an outbreak of communicable disease.

⁴ For service in industrial establishments, see Criteria of Essentiality for Industrial Nurses, Nursing Form 3-D.

B. Clinics and health conferences.

1. Public health nursing service is essential only—
 - a. If teaching of patients is planned as a part of clinic procedure.
 - b. If history taking is used as a device for education, interpretation, or the location of sources of infection or contact cases.
 - c. If treatments under the direction of a physician are of such a nature that they should be performed by a nurse and if it has been impossible to secure personnel not actively engaged in public-health nursing.

C. Community groups.

1. Group teaching should be done by public-health nurses if the content of the instruction requires her special skills.

Example: Group teaching to stimulate parents to have their children immunized, or to secure correction of defects, or a class in antepartum care, might be best presented by a public-health nurse.

Red Cross home nursing could be taught by other nurses supplemented by assistance from the public-health agency. First-aid classes could be taught by nonnurses.

III. Service "in behalf of" patients.

Visits to interested agencies or individuals should only be made by public-health nurses when the problem requires direct professional interpretation or nurse representation. Visits should not be made by public-health nurses whenever the family can assume responsibility or when telephone, letter, written report, or a nonnurse substitute will suffice.

Application of Nursing Information Supplement, 3-A, 3-B, June 16, 1944:

WAR MANPOWER COMMISSION

PROCUREMENT AND ASSIGNMENT SERVICE

WASHINGTON, D. C.

JUNE 21, 1944.

To: State and local committees for nurses.

From: Directing Board, Procurement and Assignment Service.

Subject: A Guide for Classification of Nurses Employed in General Hospitals.

Committees have requested guidance in classifying nurses employed in general hospitals, in addition to that given in Criteria of Essentiality 3-A and 3-B and the Supplement.

Nursing Information Supplement 3-A, 3-B, recommends (1) the total hours of nursing care to be given by all nursing personnel, including student nurses and auxiliary workers, (2) the ratio of day supervisors and head nurses to patients in the different departments and for night supervisors in the hospital as a whole. These recommendations were included to acquaint the committees and others with what is considered adequate nursing care in the various nursing service departments of the hospital. The distribution of nursing service to departments, and the hours of nursing service given by students and auxiliary workers are the responsibility of the hospital and not of the Procurement and Assignment Service committees.

The following procedure is suggested in order (1) to compute the number of general staff nurses and supervisors and head nurses to which a general hospital is entitled on the basis of the recommendations in Supplement 3-A and 3-B, and (2) for the purpose of classification.

I. Secure information as to—

- A. Daily average number of patients, including newborn, for a period of not less than 6 months.

Committees will find useful the hospital number of the Journal of the American Medical Association⁵ published annually the last week of March, and a List of Schools of Nursing Meeting Minimum Requirements Set by Law and Board Rulings.⁶

⁵ May be obtained from the Council on Medical Education and Hospitals, 535 North Dearborn St., Chicago, Ill. Price \$0.75.

⁶ May be obtained from the National League of Nursing Education, 1790 Broadway, New York, N. Y. Price, \$2.25.

B. Daily average number of patients cared for by private duty nurses for a 24-hour period.

NOTE.—This information may be difficult to secure. If so, it is suggested that the best approximate figure be used.

C. Nurses employed by the hospital (use Nursing Forms 4 and 5).

D. Whether or not the hospital has a school of nursing. If student nurses do not give service in all units where bedside care is given, such as a private patient pavilion, consider those units as a hospital operating with an all-graduate staff.

II. Determine supervisors and head nurses employed and needed.

A. In determining the number employed, include only those responsible for supervision and management of units where bedside care is given and those assigned to the operating room and night supervision. Consider assistant head nurses who devote a major portion of their time to administration and supervision as full-time head nurses.⁷

B. In computing the number of supervisors and head nurses needed for departments caring for patients and for the operating room, use the following method:

1. For day supervision

$$\frac{\text{Daily average patients}}{12} = \frac{\text{Number of day supervisors and head nurses needed, including those needed in the operating room.}}$$

NOTE.—For simplicity in computing, 1 day supervisor or head nurse to 12 patients has been used as a close approximation to number needed.

2. For night supervision

$$\frac{\text{Daily average patients}}{80} = \frac{\text{Number of night supervisors needed.}}$$

III. Determine general staff nurses employed and needed.

A. In determining the number of staff nurses employed, include—

1. Full-time general staff nurses giving bedside care and those assigned to the operating room.⁷

2. Part-time general staff nurses giving bedside care and those assigned to the operating room. To find the equivalent of full-time nurses divide the total number of hours of service per week by part-time nurses by the weekly hour schedule of full-time nurses. Committees may give less than full credit for part-time service when a large proportion of the nursing staff work only part time or when part-time nurses are able to work only a few hours per week.

B. In computing the number of general staff nurses needed use the following method:

1. On the basis of minimum hours of care:⁸

$$\frac{\text{Daily average patients cared for by general staff}}{\text{Weekly hour schedule of general staff nurses}} \times \frac{\text{Minimum hours}}{\text{Days in week}} = \frac{\text{Number of general staff nurses needed to give minimum hours of nursing care per patient in 24 hours.}}$$

2. On the basis of maximum hours of care:⁸

$$\frac{\text{Daily average patients cared for by general staff}}{\text{Weekly hour schedule of general staff nurses}} \times \frac{\text{Maximum hours}}{\text{Days in week}} = \frac{\text{Number of general staff nurses needed to give maximum hours of nursing care per patient in 24 hours.}}$$

⁷ See p. 4 for nurses employed in other departments.

⁸ See Supplement to Nursing Information 3-A, 3-B. (See 2b.)

IV. Procedure illustrated:

A. Hospital X with a school of nursing has—		
Daily average number of patients, including newborn	155	
Daily average number of patients cared for by private-duty nurses for 24-hour period	5	5
Daily average patients receiving general care	150	
B. Nursing staff employed in hospital X:		
Day supervisors and head nurses including those in operating room	10	
Night supervisors	2	
General staff nurses	27	
Full-time (working 48 hours per week)	22	
Part-time: 3 work 36 hours per week, or 108 hours; 5 work 24 hours per week, or 120 hours; equivalent to full-time nurses	228	
48	5	
C. Nursing staff needed in hospital X:		
1. Day supervisors and head nurses including operating room	13	
$\frac{155}{12} = 13$		
2. Night supervisors	2	
3. General staff nurses: On basis of maximum hours of nursing care	22	
$\frac{150 \times 1 \times 7}{48} = \frac{1,050}{48} = 22$		
D. Suggested classifications for the nursing staff in hospital X:		
1. Day supervisors and head nurses: Classify all as III-A or IV-A since the number needed is 13 and this hospital has only 10. The number classified as III-A will depend on the possibility of replacements.		
2. Night supervisors: Classify both as III-A or IV-A since the number needed is 2 and this hospital has only 2.		
3. General staff nurses:		
Part-time: Classify all of them in class IV provided they are not eligible for military service or cannot be expected to work full time because of home or health conditions.		
Full-time: Classify 17 in class III-A or IV-A. If classified in III-A state the date available for military service. Classify 5 in class I or class II since only 22 are needed this hospital has the equivalent of 27. Give consideration to eligible nurses who have expressed a desire to enter military service.		
4. Other nursing personnel: For classification of other nursing personnel such as administrators, teachers, see Nursing Information 3-A and 3-B. Anesthetists, X-ray technicians, and nurses working in out-patient departments will need to be considered on an individual basis. Messengers, clerks, nurses working in record rooms, etc., where they are performing duties that could be performed by nonnursing personnel should be classified in class I or II.		

Dr. BARTON. It is understood that I am not supporting this bill unless it carries a provision for the protection of essential civilian nursing.

Mr. THOMASON. This committee will write the bill when they are convinced of the absolute necessity that there be legislation to draft nurses and that they cannot be obtained in any other way.

Are there any questions of Dr. Barton, Mrs. Luce?

Mrs. LUCE. Dr. Barton, I would like to go back to the psychological factor you spoke about.

Dr. BARTON. Yes.

Mrs. LUCE. Your point is if the draft is discussed to meet an emergency and that draft is not passed the assumption is, "Well, we are not badly needed," and that plays havoc with your voluntary program?

Dr. BARTON. That is correct.

Mrs. LUCE. The question I want to ask is, if we do pass the nurse draft must it not have the same psychological effect on the WAC's, WAVES', and SPARS' recruiting program? In other words, won't the voluntary recruiting program of the WAC's and WAVES suffer badly because those women must say to themselves at once, "Well, when we are needed we will be drafted, too"?

Dr. BARTON. I can imagine that very clearly.

Mrs. LUCE. In short, if we draft the nurses and fail to draft the rest of the women, the very act of drafting the nurses is going to interfere with all other programs of voluntary enlisted women?

Dr. BARTON. I see no reason why it should not.

Mrs. LUCE. In order to be logical about this we must extend the draft to all the other women needed?

Dr. BARTON. That is correct.

Mr. THOMASON. Are there any other questions of Dr. Barton? Thank you very much, Dr. Barton.

The committee will recess until 10:30 tomorrow morning, at which time Gen. Frank T. Hines, of the Veterans' Administration, will be the first witness.

(Whereupon, an adjournment was taken until tomorrow, February 9, 1945, Friday, at 10:30 a. m.)

PROCUREMENT OF NURSES

FRIDAY, FEBRUARY 9, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met at 10:30 a. m., pursuant to adjournment, Hon. Robert E. Thomason (chairman) presiding.

MR. THOMASON. The committee will be in order. We have met to continue the hearings on H. R. 1284, H. R. 1666, and any other similar legislation having to do with the registration, selection, and induction of certain female persons for service in the armed forces as nurses.

We are pleased to have this morning the Assistant Administrator of the Veterans' Administration, who is in charge of medical and domiciliary care, construction, and supplies, Col. George E. Ijams, whom we are always pleased to hear. Will you come around, Colonel Ijams?

STATEMENT OF COL. GEORGE E. IJAMS, ASSISTANT ADMINISTRATOR IN CHARGE OF MEDICAL AND DOMICILIARY CARE, CONSTRUCTION, AND SUPPLIES, VETERANS' ADMINISTRATION

MR. THOMASON. Colonel Ijams, will you make such statements as you care to, after which the committee may wish to ask you some questions? You may have your assistants come up with you if you would like it and if you have any papers there you wish to use you may do so if it is more convenient for you.

Colonel IJAMS. Mr. Chairman, and gentlemen of the committee, we have already announced that General Hines is on his way down from Boston. I have just had word that his train is now delayed over 5 hours, so in order that we might go ahead with this I will begin, if I may.

MR. THOMASON. I would like for you to say to him Colonel Ijams under the circumstances although the committee cannot hear from him today the committee is very anxious to hear him when the hearings are resumed and it is convenient for him to hear him.

Colonel IJAMS. Yes, sir.

I think it would be proper, Mr. Chairman and gentlemen, in beginning this testimony to read into the record the letter which General Hines addressed to the chairman of this committee on January 26, 1945, offering certain suggestions and making certain comments on H. R. 1284. His letter is as follows:

JANUARY 26, 1945.

Hon. ANDREW J. MAY,
Chairman, Military Affairs Committee,
House of Representatives, Washington, D. C.

MY DEAR MR. MAY: The Veterans' Administration is particularly interested in the provisions of pending bills H. R. 1284 and H. R. 1666, intended to secure adequate supply of nurses for the armed forces. It will be recalled that the Congress in enacting the Servicemen's Readjustment Act of 1944, Public Law 346,

Seventy-eighth Congress, declared the Veterans' Administration to be an essential war agency and entitled, second only to the War and Navy Departments, to priorities in personnel, equipment, supplies, and material under any laws, Executive orders, and regulations pertaining to priorities (see, 100, title I). Said act, sections 101 and 102, also authorized the transfer of facilities, supplies, etc., between the Veterans' Administration and the Army or Navy and made clear that nothing in the Selective Training and Service Act of 1940, as amended, or any other act, shall be construed to prevent the transfer or detail of any commissioned, appointed, or enlisted personnel from the armed forces to the Veterans' Administration subject to agreements between the Secretary of War or the Secretary of the Navy and the Administrator of Veterans' Affairs.

For some time the Veterans' Administration has been in desperate straits with respect to personnel of most categories, professional, subprofessional, and others, adequately to man veterans' facilities containing at the present time almost 80,000 beds. The total number of beds in the next 2 years under the presently authorized construction program will be increased by approximately 32,000 constituting an increase of approximately 40 percent. As you probably know, under agreements with the Army and Navy the Veterans' Administration affords necessary hospitalization to all persons discharged from the Army or the Navy who are in need of further hospitalization, except a relatively small number sent to St. Elizabeths or similar Public Health hospital. To date more than 100,000 World War II veterans have been afforded hospitalization in Veterans' Administration facilities, and as of the most recent date for which figures are available there remain in our institutions more than 16,000 World War II veterans.

In the past our shortages in personnel have been largely in the various classes of doctors, nurses, dietitians, other technicians, and attendants. The need for physicians has very largely been met through agreement with the Secretaries of War and Navy whereby Veterans' Administration physicians have been commissioned and they and others in the active service have been detailed to duty with the Veterans' Administration. After all efforts of recruitment, including the use of conscientious objectors, and the transfer of new employees from noncritical labor areas to facilities situated in the more industrialized areas, had failed to secure the absolutely essential minimum of attendant and similar personnel, arrangements were made with the Secretary of War whereby some 6,000 officers and enlisted men, the latter mostly of limited-service classes, are detailed to the Veterans' Administration for limited periods. It is believed that the attendant situation may be benefited by the enactment of H. R. 1752, assuming that the Veterans' Administration's priority rating would permit it to retain and to secure additional attendant and similar personnel in the IV-F classification. If this assumption be not correct it would seem desirable to make the matter clear in connection with such draft legislation.

No solution whatsoever has been found with respect to the nurse situation. At the present time the Veterans' Administration has approximately 4,000 nurses and an actual shortage of over 1,000. During the next 2 years an additional 2,000 nurses at the very minimum will be required for the additional beds coming into use in our facilities. Indeed, it may well be that an over-all total of 4,000 additional nurses and technicians may be required in the next 2 years in order to maintain minimum standards of care for disabled veterans, a large percentage of whom will be casualties of the present war.

The Veterans' Administration has done everything within its power to recruit necessary nurses, dietitians, and similar personnel. We have participated in the cadet nurse training program and have had not only the efforts of the Civil Service Commission but of several private agencies or organizations actively interested in recruiting nurses for our veterans' facilities. We have been in correspondence with the Secretary of War for months, attempting to arrange for the commissioning and detail of nurses on a basis similar to that agreed to with respect to physicians. The chief obstacle in securing nurses, and particularly in retaining the younger nurses, is the fact that they do not have the benefits which go with membership in the active service in the armed forces, and particularly since in the post-war period they will be in competition with thousands of nurses having veterans' preference. Most of the nurses which we have lost have resigned in order to enter the armed forces, and this is quite understandable. Indeed, I am confident that many of our nurses would be subject to draft under either H. R. 1284 or H. R. 1666, or any other similar legislation. The problem would be in no way solved by deferments, or exemptions—probably would be deteriorated. It seems clear that the only solution is to give our nurses an active service status, as has been done with respect to physicians, and to provide in the draft legislation that

additional nurses may be drafted and detailed to the Veterans' Administration, subject to agreement with the Secretary of War or as may be ordered by the President. Provision, or course, should be made whereby subject to agreement, qualified nurses of the Veterans' Administration may be available for assignment as needed in the armed forces but with necessary replacements in order that service to discharged veterans may not suffer.

There is no provision in H. R. 1284 which would provide such safeguard. H. R. 1666, in section 3 (d) extends the provisions of section 102, title I, Public Law 346, *supra*, to all persons inducted under the provisions thereof. This is desirable but does not go quite far enough, in my judgment. One of the difficulties encountered in attempting to secure agreement with the War Department concerning the assignment or detail of personnel to the Veterans' Administration, is the fact that there is a general feeling that such personnel should be in addition to those properly considered in computing the authorized strength of the Army. While such personnel are paid by the Army or Navy, as the case may be, this is offset by transfer of appropriations pursuant to the Economy Act of 1932 and agreements entered into thereunder.

In view of the above it may be that your committee will desire to consider an amendment to one or the other of the pending bills. This amendment might take the form of the attached suggested draft. This draft, as written, would include personnel other than nurses and it will be appreciated that there will be required dietitians and other technically qualified employees, such as laboratory technicians and other professional or subprofessional grades. Indeed, there doubtless will be need for more enlisted men than those presently authorized for detail as attendants. If, however, it be desired to confine such amendment to nurses, dietitians, and similar technical personnel the language bracketed in the attached draft may be omitted.

It is appreciated that further information may be desired by the committee, in which event you are assured that I will be glad to appear before the committee at any convenient date for the purpose of testifying as to any matters desired.

This letter has been submitted to the Director of the Bureau of the Budget, but time has not permitted clearance in the usual manner.

Yours very truly,

FRANK T. HINES, *Administrator*.

The amendment which was attached to that letter reads as follows—

Mr. THOMASON (interposing). Now, this is 1284?

Colonel IJAMS. 1284; yes, sir.

Mr. THOMASON. Where does it appear in the bill, Colonel?

Colonel IJAMS. It would appear as a separate section, Mr. Chairman.

Mr. THOMASON. All right.

Colonel IJAMS. This is the proposed amendment:

For the purpose of insuring sufficient personnel to accomplish the intent of sections 101, 102, and 103, Servicemen's Readjustment Act of 1944, Public No. 346, Seventy-eighth Congress, relative to adequate facilities for the care and treatment of disabled veterans of World War II and of prior wars, there may be drafted, enlisted, appointed, or commissioned, in addition to the totals otherwise authorized (commissioned and enlisted personnel) nurses, dietitians, and other technicians in appropriate ranks and grades in such numbers as may be agreed by the Secretary of War and the Administrator of Veterans' Affairs. Pursuant to such agreement qualified employees of the Veterans' Administration may be appointed or commissioned in the Army, and additional (officers and enlisted personnel), nurses, dietitians and technicians shall be recruited by draft or otherwise, and detailed to service with the Veterans' Administration. As may be agreed by said officials Veterans' Administration personnel may be transferred to the War Department with detail or transfer of qualified replacements, and there may be mutually transferred such other facilities, including personnel, as in the judgment of the Administrator and Secretary of War, or of the President, may be in the interest of service, authorized by law, to those in the military forces or discharged or released therefrom. Persons so detailed to the Veterans' Administration shall not be considered in computing the authorized net military strength of the armed forces, and recruitment of necessary personnel under authority of this section shall be without regard to the statutes and regulations pertaining to civil service.

I think that letter, Mr. Chairman, quite adequately explains the situation confronting the Veterans' Administration at the present time. It outlines the number of nurses we require today and the number that we will need in the next 2 years. I might say, however, that in estimating the number we will need within the next 2 years we have predicated that figure only on our approved construction. That does not include any number which may be required in the event we take over additional facilities which the Army and Navy are surplusing and which we have a right to take over.

Mr. THOMASON. How many nurses do you say there are in your service now?

Colonel IJAMS. At the present time the Veterans' Administration has approximately 4,000 nurses.

STATEMENT OF DR. CHARLES M. GRIFFITH, MEDICAL DIRECTOR, VETERANS' ADMINISTRATION

Dr. GRIFFITH. Four thousand one hundred and sixty-four.

Colonel IJAMS. Their actual number is 4,164, sir.

Mr. THOMASON. And how many are you short now to meet the needs of the Veterans' Administration only?

Colonel IJAMS. We are short 1,000 nurses, Mr. Chairman, but we are losing approximately 100 nurses a month. We are recruiting against that loss and of course against our deficit.

I would like to say here that we recently enlisted the services of the Elks organization to do what they might to assist us in recruiting nurses. That organization has done a splendid job for the Army and Navy in recruiting Seabees, Army engineers, aviation cadets, and so forth. And so because of the record which they have made in assisting those other departments I went to Chicago and spoke before their grand lodge meeting, and I was very much pleased with the splendid response we received. They have circularized their many Elks lodges throughout the country. They have given them the specifications of what we need and their organization throughout America is locating nurses and reporting their availability to our field personnel. Then our people contact those girls and endeavor to enlist them.

Mr. THOMASON. That is all very fine, Colonel Ijams, and most commendable, but will that meet the situation?

Colonel IJAMS. It has not met the situation, Mr. Chairman.

Mr. THOMASON. No, and it is not likely to meet the situation.

Colonel IJAMS. I fear it will not. We have done everything we know how to secure these needed nurses.

Mr. THOMASON. General Hines' letter points out the absolute necessity for more nurses to take care of our sick and wounded veterans?

Colonel IJAMS. That is correct, sir.

Mr. THOMASON. To say nothing of those necessary in alleviating hospitals?

Colonel IJAMS. Yes.

Mr. THOMASON. And you tell us and General Hines' letter also points out that you seem to have exhausted all voluntary methods? So to get right down to cases and the practical problem now before

this committee what is there left except some form of compulsory legislation? We are just trying to follow through with you.

Colonel IJAMS. Yes, sir.

Mr. THOMASON. All of us are joining in a common effort to try to solve the problem. So, what is the solution?

Colonel IJAMS. Through superhuman effort and splendid cooperation on the part of everyone. And I would like to say here, Mr. Chairman, after that fine statement I made about the Elks' organization, I am not an Elk. I would like that understood.

Mr. THOMASON. That is a loss to the Elks.

Colonel IJAMS. But after all of our efforts have been expended we have literally combed the highways and byways of America searching for these girls. In doing so, however, we have emphasized the fact that we are not competing with the Army and Navy. We are not trying to get girls who express a preference to go with them. We have to try to get persons who are well qualified, but who may be slightly beyond the age limit of the Army and Navy, or who may have some slight physical defects which would preclude the possibility of their serving with the armed forces, but would not prevent them from serving with us.

Mr. THOMASON. Why don't we ease up on these requirements, liberalize the standards a little bit? What do you think of that?

Colonel IJAMS. We have, Mr. Chairman. We have had that up with Civil Service only recently, and we have liberalized our requirements as far as we possibly could with safety, in the opinion of our medical authorities.

Mr. THOMASON. Colonel Ijams, I know you have been with the Veterans' Administration for some 25 years.

Colonel IJAMS. Yes, sir.

Mr. THOMASON. And have had a wide and successful career in that field, but when you think of the terrible casualty list the Secretary of War reported yesterday, of course your agency is soon going to be confronted with a tremendous problem.

Colonel IJAMS. We are confronted with it now, Mr. Chairman.

Mr. THOMASON. You are already confronted with it. So what is your opinion as to the best way to meet it? We have got to have the nurses to take care of these men.

Colonel IJAMS. We must have the personnel.

Mr. THOMASON. If you cannot get them by voluntary methods what is there left?

Colonel IJAMS. There seems to be only one alternative if we cannot get them through voluntary methods.

Mr. THOMASON. Do you feel your organization has exhausted all means of getting them through voluntary methods?

Colonel IJAMS. I do very definitely, sir.

Mr. THOMASON. Any questions, Colonel Brooks?

Mr. BROOKS. Colonel, you make reference in a proposed amendment to covering perhaps laboratory technicians and others who have kindred work along with nurses?

Colonel IJAMS. Yes, sir.

Mr. BROOKS. Are they ordinarily considered registered nurses?

Colonel IJAMS. Oh, you mean the other technicians?

Mr. BROOKS. The technicians.

Colonel IJAMS. No; they are not registered nurses at all. Their education has been along different lines.

Mr. BROOKS. Should they be included, we will say, in H. R. 1284 or H. R. 1666?

Colonel IJAMS. In our recommended amendment we suggested they be included in H. R. 1284.

Mr. BROOKS. What about dietitians?

Colonel IJAMS. We are quite short of dietitians. As matter of fact you cannot name any type of personnel that we are not short of and that includes persons to handle this huge insurance activity of ours, pensions and compensation, engineers too for drawing the plans and specifications for our construction program, and do not let us get away from this fact: unless we build these beds promptly, we won't have them to take care of these men.

Mr. BROOKS. And the technicians are just as important as the nurses are in the proper treatment of these men?

Colonel IJAMS. Just as important. In the laboratory for instance, tests must come back very quickly, many times while the man is on the operating table.

Mr. BROOKS. What about the anesthetist? Is she a registered nurse?

Dr. GRIFFITH. No, sir.

Colonel IJAMS. Dr. Griffith says she is not.

Mr. BROOKS. Do you include them. Are you short of anesthetists?

Colonel IJAMS. What about them, Doctor?

Dr. GRIFFITH. Yes, but all of our anesthetists are doctors.

Colonel IJAMS. The Medical Director states all of the anesthetists are physicians?

Mr. BROOKS. They are physicians themselves?

Colonel IJAMS. Yes, sir.

Mr. BROOKS. That is in the Veterans' Administration?

Dr. GRIFFITH. Yes, sir.

Mr. BROOKS. That is not the case though in civilian life generally, is it?

Colonel IJAMS. No, sir.

Mr. BROOKS. Would you include them in civilian life? I mean would you include them in the bill in order to cover those in civilian life.

Dr. GRIFFITH. Not necessarily, sir.

Colonel IJAMS. Go ahead, Doctor.

Dr. GRIFFITH. We can get all the anesthetists we need, Mr. Chairman.

Colonel IJAMS. This is Dr. Charles M. Griffith, Medical Director of the Veterans Administration.

Mr. THOMASON. Will you come around, Dr. Griffith, because they may want to ask you some questions.

Suppose we have the record show at this point how many men at the veterans' hospitals now. I think we should have that in the record.

Colonel IJAMS. As of December 31, 1944, there were 65,560.

Mr. THOMASON. And do you have the break-down, Colonel?

Colonel IJAMS. Yes, sir.

Mr. THOMASON. As between veterans of the first World War and World War II?

Colonel IJAMS. Of World War I there were 43,598; World War II, 15,772. And then there are smaller numbers of the Regular Establishment, the Spanish-American war and other eligibles.

Mr. THOMASON. What is the approximate rate of increase, if that is the proper way to express it, of World War II veterans who come in every day; that is, what is your average induction of World War II patients now?

Colonel IJAMS. In November of 1941 of the World War I veterans there were 52,687; October 31, 1944, there were only 44,511.

I would like to explain why there was that drop in the World War I group, and there was a similar drop in our domiciliary load. The patients who had previously come in to receive operations of choice, to have their tonsils taken out and some other minor surgery, when they had jobs that paid very small salaries had gone into war industries where they were making a good deal of money. Consequently, they quit coming to us for treatment for minor conditions. But in October 31, 1944, we also had 15,822 World War II veterans in the hospitals.

Mr. THOMASON. Now, how rapidly are they coming in, that is, how many hundred a day or week? Give the committee some idea how that is piling up?

Colonel IJAMS. I can tell you this, Mr. Chairman: I keep on my desk a little informal memorandum of the speed with which these men are coming to us from the Army and Navy hospitals to our hospitals, that is, men who are being discharged for disability who require continuous hospitalization.

Mr. THOMPSON. That is what I want.

Colonel IJAMS. Unfortunately, I did not bring those papers with me.

Mr. THOMASON. Well, approximately?

Colonel IJAMS. The number has been growing very fast, and last month we received 2,890. 2,890 discharges directly from Army and Navy hospitals into ours.

Mr. THOMASON. Of course, that load is going to rapidly and materially increase month by month?

Colonel IJAMS. It has month by month. It has been increasing right along.

Mr. THOMASON. Are all of your veterans' hospitals now full to capacity?

Colonel IJAMS. All of our TB beds and all of our psychiatric beds are practically full, but because the World War I group are still well employed in war industries they are not coming to us as fast as they did, and as a result of that we have approximately 5,000 vacant general medical beds scattered all over the country. But the minute these war contracts are canceled I anticipate the presently employed World War I men will come into our hospitals in increasing numbers. It will be seen we are building up quite a backlog of surgery and so forth among World War I veterans.

Mr. THOMASON. What is the total number of beds in veterans' hospitals only?

Colonel IJAMS. December 31, 1944, there were 88,626 beds, including 13,029 beds under construction.

Mr. THOMASON. Over how many hospitals?

Colonel IJAMS. Ninety-four.

Mr. THOMASON. Now, then, under the GI bill in your first program you are going to build 22 new hospitals?

Colonel IJAMS. We are building 22 new hospitals under the first program and a large number of additions to existing hospitals.

Mr. THOMASON. How many beds?

Colonel IJAMS. Approximately 14,100 beds.

Mr. THOMASON. That is the total beds to be taken care of under the first program under the GI bill?

Colonel IJAMS. Under the initial program. A second one will come along sometime next summer.

Mr. THOMASON. Do you have nurses to meet these requirements? Do you have any?

Colonel IJAMS. No; we have not. That is what is worrying us.

Mr. THOMASON. All right; Mr. Andrews.

Mr. BROOKS. Just a minute.

Mr. THOMASON. Pardon me, Mr. Brooks.

Mr. BROOKS. I want to ask you, Colonel, in reference to the cadet nurses and the trainees. What arrangement do you have to receive a certain percentage of those nurses?

Colonel IJAMS. We are getting cadet nurses in many of our hospitals. In fact they are now assigned in 19 of our hospitals. Unfortunately, we have not been able to retain a great many of those girls when then have completed their training, because there is always the lure of the uniform and the appeal, a very natural one, for a young girl to get into the service and to receive a veteran's status and get all the benefits of the GI bill as a veteran.

Mr. BROOKS. Would you say that most all of those are going into the service?

Colonel IJAMS. So far as I know the vast majority of them are going into the service.

Mr. BROOKS. Then are not the trainees being trained sufficient to take care of the needs of the service?

Colonel IJAMS. I do not know what their needs are. I imagine they are not enough to take care of them. As I recall that legislation there were only 65,000 asked for in the original legislation. I am not sure of that figure.

Mr. BROOKS. We had some prior testimony, may I say, Colonel, to the effect 40 percent were going into service and 60 percent were not, and I was just wondering what arrangement, if any, the Veterans' Administration had with reference to the 60 percent not going in?

Colonel IJAMS. We have tried our best to sell those girls the idea of coming into our service. Recently, when I was in Chicago, I went out and talked with girls who were in our hospital at Maywood. I emphasized the fact that we were not trying to take girls who wanted to go into the Army and Navy, but I pointed out that if these girls were seriously interested in taking care of World War II boys the place to take care of them is in the Veterans' Administration hospitals because that is the place they are ultimately going to be. They won't be very long in the Army and Navy after the war.

Mr. BROOKS. But it is running through my mind that the time to take care of that is when they are being trained and to make the arrangements then. What do you think of that?

Colonel IJAMS. Mr. Brooks, we have sent our chief nurses from a number of our facilities to the nursing schools around the country.

They have met with these girls before they went into the Cadet Nurse Corps. They have tried to sell the idea of coming with the Veterans' Administration either directly or through the Cadet Nurse Corps, but there we are up against the lure of the uniform and the girl very naturally wants to become a veteran of this war, realizing the advantages that accrue to one who is a veteran.

Mr. BROOKS. So in that instance you would have to have only those not physically able to get into the service?

Colonel IJAMS. That is correct, but our net results on that have been very poor.

Dr. GRIFFITHS. We have received 200 and retained 26.

Colonel IJAMS. Out of 200 girls who have completed their training in our hospitals for cadet nurses we have been able to retain only 26.

Mr. BROOKS. And you feel, therefore, that drafting these young ladies is the only answer to the situation?

Colonel IJAMS. We must have nurses, Mr. Brooks. We cannot get along without them.

We have apparently exhausted every other resource, and so if some form of drafting is necessary I think it would have to be done.

Mr. BROOKS. Thank you very much, Colonel Ijams.

Mr. THOMASON. Mr. Andrews.

Mr. ANDREWS. Colonel, this discussion is probably not pertinent, but from a broad point of view you have this program of constructing 22 new hospitals for the Veterans' Administration?

Colonel IJAMS. Yes, sir.

Mr. ANDREWS. Is the natural evolution with the conclusion of the war? I do not like to talk about the conclusion of the war but naturally we do. Is the natural evolution the Veterans' Administration and in some instances will they be over what are now Army and Navy hospitals?

Colonel IJAMS. I am glad you asked that question, Mr. Andrews.

We have already taken over some Army hospitals, notably Fort Meade, S. Dak., at Sturgis, S. Dak. That was an old Calvary post of permanent stone construction, including stables with concrete floors and everything. We were so desperately in need of psychiatric beds, when the Army announced we could have that property we took it. We are now converting it into a psychiatric hospital. We are going to be able to use the stables for occupational therapy shops. That hospital will take care of 900 cases.

We recently took over Camp Phillips at Salinas, Kans.

We converted the soldiers' home at Wadsworth, Kans., to use as a psychiatric hospital. Through this action we lost the use of many domiciliary beds that had existed at Wadsworth, and our use of the Army buildings at Camp Phillips replaces those beds in the State of Kansas.

We have also very recently taken over Fort Washington right down the Potomac, which was the Adjutant General's School until a short time ago when the Army closed it. We are rehabilitating that to be used not only for domiciliary cases but for a small number of hospital cases.

Of course, many of the plants that the Army has built have been in isolated sections of the country. They were built out where no one lives because they were put there to serve troops, who, of course, had to have sparsely settled territory in which to train.

Mr. ANDREWS. The Army and Navy found they had no further use for them?

Colonel IJAMS. Yes, sir; where they are too isolated they do not suit our purposes.

At Tomah, Wash., we have recently taken over a plant which was under the Interior Department and is a former Indian school. The Army had it for a communication school. We have taken that over and are going to build a 1,900-bed psychiatric hospital there, utilizing all of the facilities which the Army had put in at great expense. So, in taking that place, we are saving the taxpayers five or six hundred thousand dollars through utilizing the plant, the utilities and certain buildings of a plant that already existed.

There are certain other Army and Navy hospitals now in operation or being built which it is understood in the Federal Board of Hospitalization will come to the Veterans' Administration after this war.

Mr. ANDREWS. That is the natural evolution for the Army and Navy to turn them over to the Veterans' Administration?

Colonel IJAMS. That is right, Congressman. But, of course, the Army and Navy are not going to be in a position to release many of their facilities for a year and a half or perhaps two after the war is over.

Mr. ANDREWS. But as they get along after the war is over they will also turn over certain personnel, maybe not directly, but through what you might call the woman power of America, and they will not go back to civilian hospitals but will go to veterans' hospitals and there will be some gain from them?

Colonel IJAMS. That point will be reached no doubt; we hope to be able to restrict many of them.

Mr. ANDREWS. The peak load is up to the end of the war?

Colonel IJAMS. That is correct.

Mr. ANDREWS. And from then on it drifts the other way.

Colonel IJAMS. Of course, the casualties do not affect us materially because under the law veteran men and women are entitled to hospitalization to the end of their lives. There are certain casualties who will occupy what we term frozen beds, but on the whole the number of casualties has little effect on the ultimate load of the Veterans' Administration.

Mr. THOMASON. Mr. Sparkman.

Mr. SPARKMAN. Colonel, right along that same line, has your estimated peak load of the World War I yet been reached?

Colonel IJAMS. No; it has not, Mr. Sparkman.

Mr. SPARKMAN. When did you estimate that, in 1947?

Colonel IJAMS. I think it was 1947.

Mr. SPARKMAN. Then you would project the peak for World War II similarly in advance?

Colonel IJAMS. That is correct, sir.

Mr. SPARKMAN. Probably 30 to 35 years from the end of the war?

Colonel IJAMS. That is correct.

Mr. SPARKMAN. Probably the World War I veterans will be descending from the end of the war, but your number will grow for thirty years?

Colonel IJAMS. That is correct, sir.

Mr. SPARKMAN. What is the civilian pay of your nurses when they start work?

Colonel IJAMS. I have a statement here, Mr. Sparkman, which I will be glad to insert in the record, showing a comparison of the pay between the Veterans' Administration and the Army nurses.

Mr. SPARKMAN. That is exactly what I was going to lead up to.

Colonel IJAMS. Yes, sir.

(The information requested is as follows:)

Army Nurse	Base pay	Yearly rental	Subsist- ence	Veterans' Administration
Second lieutenant-----	\$1,800 plus-----	\$540	\$252	Nurse Sp-5-----
First lieutenant-----	\$2,000 plus-----	720	252	Head Sp-6-----
Captain-----	\$2,400 plus-----	900	252	Chief Sp-7-----
Major-----	\$3,000 plus-----	1,080	252	Chief Sp-8-----
Lieutenant colonel-----	\$3,500 plus-----	1,260	252	Assistant superin- tendent of nurses P & S-3.
Colonel-----	\$4,000 plus-----	1,260	252	Superintendent of nurses P & S-4.

Army: All officers receive an automatic increase of 5 percent every 3 years.
 After 5 years of active service a second lieutenant receives a first lieutenant's pay.
 After 10 years of active service a first lieutenant receives a captain's pay.
 After 17 years of active service a captain receives a major's pay.
 After 23 years of active service a major receives a lieutenant colonel's pay.
 After 30 years of active service a lieutenant colonel receives a colonel's pay.

Mr. SPARKMAN. Can you tell us just offhand what a nurse starts at in a civilian status?

Colonel IJAMS. The nursing assistant is rated at SP-3.

Mr. SPARKMAN. That is the lowest rating?

Dr. GRIFFITH. That means subprofessional, Colonel.

Colonel IJAMS. The SP-3 nursing assistant gets \$1,752 per year.

Mr. SPARKMAN. No allowances?

Colonel IJAMS. She gets \$312 of that as overtime pay.

Mr. SPARKMAN. That leaves \$1,440. So the \$1,752 represents the total pay and allowances that she receives?

Colonel IJAMS. The total pay, that is right.

Mr. SPARKMAN. Of course, if she goes in according to your recommendation as a second lieutenant or ensign she is going to get \$2,500?

Colonel IJAMS. \$2,592 we have here.

Mr. SPARKMAN. \$2,592?

Colonel IJAMS. That is right.

Mr. SPARKMAN. Which would give her a sudden lift of \$70 a month or \$840. Do you not think that is going to work somewhat of a difficulty?

Colonel IJAMS. It is a question of supply and demand I am afraid.

Mr. SPARKMAN. Then when the war is over you are going to have the situation of dropping them back again \$840 if you have them back?

Colonel IJAMS. Not necessarily that, because this girl in the meantime probably will have come up in the service into a higher grade.

Mr. SPARKMAN. Do you anticipate any difficulty in having the lower grades as you carry them in a civilian status lifted to a higher pay when they become commissioned than some of the civilian nurses who are not commissioned, but who occupy in a civilian status a higher position?

Colonel IJAMS. That is quite possible if the civilian nurse you spoke of could not qualify physically or otherwise.

Mr. SPARKMAN. She might be over the age?

Colonel IJAMS. That is quite possible.

Mr. SPARKMAN. It seems to me you will run into some trouble on that.

Colonel IJAMS. The discussion pertained to nursing assistants. The entrance salary of a nurse is higher, as indicated in the table. We have already experienced that with most of our doctors who are commissioned. We try to commission them in a rank which would give them a salary equivalent to the one they are drawing under civil-service. In some cases they get a few dollars more a year; in other cases they get considerably less. But the same thing is true, Mr. Sparkman, of all of our other personnel who are in uniforms.

I have in mind one man who is a member of our staff and served actively as a major in the last war, a lieutenant colonel in the Reserve, and he was called to active duty, or, rather, he really sought active duty because he wanted to serve. I am sorry to say he is still a lieutenant colonel, although he has been recommended for promotion five times. That man lost \$2,000 a year going into the service. I find a great many of our people are serving with the armed forces today at a great deal less than they received in civil-service positions. I say that to their credit.

Mr. SPARKMAN. As a matter of fact, I have a brother-in-law who is in that same status.

Colonel IJAMS. We all have.

Mr. SPARKMAN. I know something about the difficulty he has run into in connection with it and with the grade he holds in the Army and with the grade which has been given to some of those in the service since he left and was commissioned in the service and they occupy a higher rank than he does.

Colonel IJAMS. That is right.

Mr. SPARKMAN. That is aside from this question. I am particularly interested in your suggestion we include nurses for the Veterans' Administration and also these other technicians. Of course, as you realize, including technicians goes far, far beyond what the scope of the bill indicates?

Colonel IJAMS. Yes.

Mr. SPARKMAN. It seems to me if we include the Veterans' Administration then other services might have a similar claim; for instance, our various health services, State, county, the civilian employees of the United States Public Health Service are going to get alarmed too for fear the nurses will be taken away from them. I wonder if they have a claim also, perhaps not as strong as the Veterans' Administration?

Colonel IJAMS. Of course, we are in a peculiar position in that we take these boys right out of Army and Navy hospitals where they

are receiving wonderful care. We take them over into our hospitals and we should, and I think the public expects that we give them just as good care with as much nursing care as they are getting in any other hospital. I think it is only proper we should do so. I think aside from the situation caused by the shortage of nurses they are getting a very similar type of care. Of course, right now we are rebuilding certain services we gave in our hospitals years ago when the World War I men were younger than were not required when they became older. Now we have this new group of young men and women coming in; we are setting up those facilities again in the way of occupational therapy and that sort of thing.

Mr. SPARKMAN. Of course, we expect the nurses in the services to be commissioned, to be service personnel as distinguished from civilian personnel, whereas your nurses have from the beginning been civilian personnel. I am wondering if it would not be better to continue that distinction, provided we could work it out satisfactorily, to have the Procurement and Assignment Service to take care of you and at the same time take care of the minimum needs of our various communities.

Colonel IJAMS. Mr. Sparkman, we would be delighted if that could be done, but the Procurement and Assignment Service to date have not been able to do it.

Mr. SPARKMAN. But of course it has not been tied in so far with any statutory draft?

Colonel IJAMS. No.

Mr. SPARKMAN. But I am thinking if we should write into this bill, and my own personal opinion is we ought to write into this bill, a requirement to work through the Procurement and Assignment Service?

Colonel IJAMS. Yes.

Mr. SPARKMAN. And if that were done then certainly the Veterans' Administration could be taken care of?

Colonel IJAMS. We should like in any legislation that comes out to be included for a certain percentage of any nurses that the legislation produces. We feel our situation is so desperate and these men are so deserving we are definitely entitled to a percentage. Have the Army and Navy get their percentage and the Veterans' Administration get some percentage so that we know we can benefit in any recruitment program that is authorized by Congress.

Mr. SPARKMAN. Perhaps it could be set up in categories, giving the highest power to the armed services and the next power to the Veterans' Administration and then on down?

Colonel IJAMS. There is another situation that I think you gentlemen should know of.

Following the President's message we received telegrams and telephone calls from our managers all over the country telling us that the younger nurses were very much exercised and that all wanted to quit us immediately and join the Army.

We do not like to be put in the position of stopping any recruitment for the Army and Navy, but at the same time it is our obligation to give care for these veterans, and that message almost had a disastrous effect on our situation. We did lose quite a few.

Mr. SPARKMAN. If we had a set up under a statutory Procurement and Assignment Service then of course that young girl could not leave your services unless she should be certified as available to the armed services. Then you would be protected?

Colonel IJAMS. We are awfully anxious in any legislation that may come out of the deliberations of this committee that the nurses we have now in our service, not necessarily the individuals but the numbers, be retained; that we do not have our girls taken away from us, or if you take a girl because she is young and healthy and able to do a job for the Army then replace her with someone adequately trained to take her place.

Mr. THOMASON. Mr. Harness.

Mr. HARNESS. No questions.

Mr. THOMASON. Mr. Clason.

Mr. CLASON. You are familiar and have become acquainted with the statement of the American Nurses' Association relative to the manner in which she, Miss Katharine J. Densford, president, feels this problem could be taken care of?

Colonel IJAMS. No; I am not.

Mr. CLASON. She states:

It is the belief of the American Nurses' Association that the problem now presented may be dealt with by some Federal agency, adequately implemented with funds, personnel, and authority, and a federally financed recruitment program promptly instituted—this program to be at least comparable in scope to those employed in the recruitment of WAC's and WAVES. The War Manpower Commission has in the past, together with the Red Cross Nursing Service, provided an effective mechanism for the selection of nurses for the armed forces on a voluntary basis and for the stabilization of civilian nursing services, and we think it can do so in the future if properly strengthened.

Would you agree with Miss Densford that the problem of securing an adequate number of nurses for the services, for the Veterans' Administration, and civilians can be accomplished by a voluntary method?

Colonel IJAMS. I can only say it has not cured our situation to date.

Mr. CLASON. You mean the Veterans' Administration?

Colonel IJAMS. Yes, sir. Not only have we done all we can possibly do, but, as I have stated, we have had the assistance of outside agencies who are volunteering their services, working all over the country trying to secure nurses for us, and to date we have kept just above the resignations. We have just been gradually getting a few more each month, but not enough to be of any material help.

Mr. CLASON. Why should not the Veterans' Administration be placed right onto the War Department so their nurses should be commissioned and receive the actual pay as Army nurses in peace-time?

Colonel IJAMS. We have written Secretary Stimson three times and requested that he commission our nurses in the Army just as our doctors are commissioned.

Mr. CLASON. In your opinion, would that result in your securing the number of nurses that you needed?

Colonel IJAMS. I am not at all certain that it would result in our securing the additional nurses we need, but it would result very favorably upon the morale of the girls now in our employ because then they would have a veteran's status and they would be in uniform.

Mr. CLASON. And so far as the work they are doing is concerned it is certainly comparable with the work done by Army nurses?

Colonel IJAMS. It is identical.

Mr. CLASON. In this country at any rate?

Colonel IJAMS. It is identical. In some respects it is a little harder in that they are handling a lot of old chronic cases as well as the new cases.

Mr. CLASON. In other words, in your opinion, that would be a better way to handle the problem for the Veterans' Administration than any general draft bill we would have?

Colonel IJAMS. I would not like to say it would be a better way to handle it, because I am fearful the mere commissioning of the nurses would not produce the number of additional nurses we need. It would be most beneficial to the morale of the nurses now in our service.

Mr. CLASON. At any rate it ought to be carried out?

Colonel IJAMS. I certainly think so, and we have requested that of the Secretary on three occasions.

Mr. CLASON. Does that request require a law for the Secretary or not?

Colonel IJAMS. No, sir. It can be done just like the physicians. It has had the good effect of retaining in our service certain physicians who would otherwise leave to go in the Army.

Mr. CLASON. Now, in peacetime the Veterans' Administration is always understaffed and undermanned always, as I remember.

Colonel IJAMS. No; I do not think so.

Mr. CLASON. Also there seems to have been complaints coming in that you needed more men and more women?

Colonel IJAMS. I have been in my present position since the last war, June 1919. I have lived with it ever since.

We have had one difficulty for years and years because Congress has passed veteran legislation right at the end of the session along about June. The Veterans' Administration would have to set up an entirely new organization to handle the new legislation. In setting up that organization we would have to have personnel, but that applied, I think you will find, more to clerical work than it does to professional and subprofessional. We have been able to maintain our situation pretty well insofar as our hospital personnel was concerned in peacetime.

Mr. CLASON. How about the pay of your nurses in the Veterans' Administration as compared with the pay they receive in the civilian hospitals?

Colonel IJAMS. I will ask Dr. Griffith to answer that. Do you know?

Dr. GRIFFITH. We do not have that figure, but I think they are paid comparably equally as well as in the civilian hospitals in the main.

Mr. CLASON. Can you tell me this: this Bolton law was passed apparently for getting a great number of student nurses out every year, and this year 35,000 nurses are coming out and 60,000 next year, and so forth.

Dr. GRIFFITH. That is right.

Mr. CLASON. What percentage of these are allocated to the Veterans' Administration?

Dr. GRIFFITH. The cadet nurse has a right to select the service she wants to go to. It is a voluntary affair of coming with us or the Army or Navy. If she does not elect either she can go back to the parent school and go to a civilian job.

Mr. CLASON. The testimony, as I understand it here, is to the effect that 40 percent are allocated to the services and 60 percent to the civilian side, or at least that is about the ratio?

Dr. GRIFFITH. I do not know about the civilian, but I know we are not getting them.

Mr. CLASON. How much are you getting?

Dr. GRIFFITH. Out of about 200 in the whole bunch we have retained about 27, less than 30.

Mr. CLASON. How many did you receive during the entire year 1944?

Dr. GRIFFITH. Of the cadet nurses?

Mr. CLASON. Yes.

Dr. GRIFFITH. We received 287.

Mr. CLASON. And what would you think would be your percentage if it was allocated to you on a percentage basis? What percentage do you think the Veterans' Administration should have?

Dr. GRIFFITH. It will go up each year, but we get now about 20 percent of them, but each year as the war goes on and the load picks up there will be an increased number.

Colonel IJAMS. If I understand the question correctly I would say the percentage to be allocated to us would necessarily depend upon the numbers any legislation would produce. In other words, we have no desire to receive one nurse more than we actually need, but we have a construction program, and we are taking over and will take in increasing numbers and facilities turned over to us by the Army and Navy, and they must be staffed immediately to be effective. The mere taking over the buildings does no good.

Mr. CLASON. If you could give to your nurses not only the status of civilian nurses so far as money and other emoluments are concerned, but also give them a commission status and the rights and benefits of veterans following this war why would you not be in a position to get all the nurses you wanted in view of the fact that you could be competing then really with civilian hospitals?

Colonel IJAMS. My answer to that must be predicated on the inability of the Army, which can give them all those things, to secure the nurses they need.

Mr. CLASON. The Army is in a position to require them to go overseas and take on cadet duties. Also the Army may fold up any time after the war is over and their jobs are not permanent in effect, whereas, your jobs in the veterans' hospitals presumably will be permanent jobs with opportunities for advancement?

Colonel IJAMS. That is correct.

Mr. CLASON. Why have you not got really the choice proposition of any service in the Veterans' Administration?

Colonel IJAMS. I think we have the choice proposition if we could get commissions.

Mr. CLASON. Then it is the failure of the War Department to give the nurses in the Veterans' Administration, or at least provide for them to receive commissions which is causing the trouble of the Veterans' Administration?

Colonel IJAMS. The Secretary of War has not replied to our latest request that our girls be commissioned. He was requested to commission them on two occasions, but we went back sometime ago, and the mere fact that the Secretary has not yet replied indicates to me that they are giving our request serious consideration.

Mr. CLASON. In view of the fact that you are dealing with exactly the same type of patient as the Army hospital, and if these persons become commissioned in their group dealing with the patients as the boys from the Army hospitals to the Veterans' Administration in view of the seriousness that is the best solution of a very good problem facing the Veterans' Administration. If it can not be done directly I think it ought to be done by legislation.

Colonel IJAMS. Congressman, you have very adequately stated our situation and used the same argument we have used with Colonel Stimson.

Mr. CLASON. What do you say about colored nurses in the Administration? I have received a lot of communications.

Colonel IJAMS. With what?

Mr. CLASON. As to colored nurses they say there are about 9,000 and only 300 have gotten in the Army. So far as the Veterans' Administration is concerned are any colored nurses employed?

Colonel IJAMS. Yes, sir. We have one veterans' hospital, a very splendid hospital, at Tuskegee, Ala., right alongside of the Tuskegee Institute, staffed from top to bottom by colored personnel. They are doing a splendid job. It is one of the best hospitals we have in our service. We contemplate construction of additional colored hospitals and in all of those we contemplate the use of colored personnel, doctors, nurses, and other personnel. In addition to that there are certain hospitals which have certain Negro buildings and we are now going into the question of employing colored doctors and nurses in those buildings.

Mr. CLASON. As to the colored graduate nurses how do they compare?

Colonel IJAMS. They meet exactly the same requirements as the white nurses.

Mr. CLASON. They are just as capable in practice?

Colonel IJAMS. I will leave that to the Doctor.

Dr. GRIFFITH. Yes, sir.

Mr. CLASON. How about colored married nurses?

Dr. GRIFFITH. We have no objection to them but we have not used very many of them.

Mr. CLASON. I was just wondering. Somebody sends in a statement that there are about 9,000 colored nurses and none of them are being used.

Colonel IJAMS. We have no objection to the use of married nurses at all.

Mr. THOMASON. Will you yield to the woman from Connecticut?

Mr. CLASON. Yes, sir.

Mrs. LUCE. Colonel, you said previously there were about 90 facilities?

Colonel IJAMS. Ninety-four.

Mrs. LUCE. Now, how many of these facilities use colored facilities?

Doctor GRIFFITH. Four.

Mrs. LUCE. Are those nurses used in those hospitals as nurses with the rest of the patients or is it on a segregation basis?

Colonel IJAMS. Tuskegee is a colored hospital from top to bottom.

Mrs. LUCE. In short you do not use Negro nurses in your veteran facilities except where they are segregated for colored patients; is that right?

Doctor GRIFFITH. That is right.

Mrs. LUCE. Now, you said you had made every effort to secure nurses for the veterans' facilities. How many registered colored nurses are there today?

Colonel IJAMS. I will ask Doctor Griffith if he can answer that question.

Dr. GRIFFITH. Approximately, I think around 8,000.

Mrs. LUCE. The figures I was given show 7,000 in 1940 and 2,000 of them have graduated since, so between 8,000 and 9,000 is about right.

Dr. GRIFFITH. Something like that; I do not know exactly.

Mrs. LUCE. Could you tell me how many of these nurses are eligible for the military service?

Dr. GRIFFITH. You would have to ask the Army that.

Colonel IJAMS. No, I could not.

Mrs. LUCE. Until recently—last week—I gathered that colored nurses were not acceptable by the Navy, is that right?

Colonel IJAMS. I do not know, Mrs. Luce.

Mrs. LUCE. I have a number of letters which the Red Cross assignment and classification themselves have written to colored nurses dated January 15th. One of them reads, "At the present time the Navy does not accept Negro nurses", and Negro nurses who write into the Army are informed that the Negro quotas have been filled by the Army.

I want to ask you a direct question. Are you prepared to use in all your facilities all the available colored nurses there are without regard to segregation?

Colonel IJAMS. I could not answer that question.

Mrs. LUCE. Have you made any effort to ascertain how many available Negro nurses there are for work in your facilities?

Colonel IJAMS. I really do not know, Mrs. Luce. I know General Hines has recently had some conferences on that subject.

Mrs. LUCE. Do you not think it might be a good idea to find out how many qualified nurses you could put into these veteran facilities?

Colonel IJAMS. Yes.

Mrs. LUCE. Before going into a draft?

Colonel IJAMS. We will be glad to find out how many would be available. As to colored nurses, there are 130 authorized positions and 111 on duty. I am not informed as the the total number available.

Mrs. LUCE. I just want to make this very certain: the position of the Veterans' hospitals facilities is not that they will refuse to take Negro nurses?

Colonel IJAMS. No, we would never refuse to take them.

Mrs. LUCE. Many of them write they are refused.

Colonel IJAMS. I know of no cases.

Dr. GRIFFITH. Several of them applied and did not meet the physical requirements.

Mrs. LUCE. These nurses when they applied, I have discovered, they are very often classified as 3-A. What about that?

Colonel IJAMS. I do not know what that is.

Mrs. LUCE. She must appeal from that classification before she can get any military assignment.

Colonel IJAMS. I do not know what 3-A has reference to.

Mrs. LUCE. That is just not available for service.

Colonel IJAMS. Oh!

Mrs. LUCE. How many nursing schools will accept Negro nurses?

Colonel IJAMS. How many what?

Mrs. LUCE. How many nursing schools in the United States are willing to accept Negro nurses?

Colonel IJAMS. I just asked Miss Andrews, the Superintendent of Nurses. She does not know.

Mrs. LUCE. In short, you do not know how many Negro nurses you could get? No effort has been made to find out how many Negro women are willing to go into nursing service, nursing schools, to become cadet nurses to be assigned to veterans' facilities? That is a very unattached large women pool. We are talking of the draft and we have not even begun to find out what the voluntary group of nurses could do.

Mr. CLASON. Do you want to go further with your examination?

Mr. THOMASON. The gentleman from Massachusetts has the floor.

Mrs. LUCE. Excuse me.

Mr. CLASON. Do you have something further you want to develop?

Mrs. LUCE. No. Go right ahead.

Mr. CLASON. I was wondering in regard to veterans' hospitals. How is the load today compared with what you had 2 years ago?

Colonel IJAMS. It is higher. I can give you the totals here, Congressman. In 1941 we had 75,043 November 30, 1941.

Mr. CLASON. Yes.

Colonel IJAMS. And October 31, 1944, we had 75,437. In November 30, 1944, 76,609.

Mr. CLASON. If you were properly staffed 2 or 3 years ago the date of those first figures to handle 75,000 cases your load has not changed tremendously since then, has it?

Colonel IJAMS. You are not considering the number lost to our armed forces.

Mr. CLASON. But your staff is just as big with 4,164 nurses, now, which I understood is as high as you ever had?

Colonel IJAMS. I gave you the total figures. The hospital load on November 30, 1941, was 59,234.

Mr. CLASON. That is different then.

Colonel IJAMS. And October 31, 1944, 66,511.

Mr. CLASON. I see.

Colonel IJAMS. Yes.

Mr. CLASON. And how about your number of nurses? Has that changed appreciably either way?

Dr. GRIFFITH. We have lost consistently each month and our recruiting has dropped down as they resigned to go into the military service.

Mr. CLASON. You have 4,164 nurses now. How many did you have on that first figure when you had 59,000 patients?

Colonel IJAMS. I think we will have to insert that in the record, Mr. Congressman.

(The statement referred to is as follows:)

Four thousand three hundred and ninety on duty November 30, 1941.

Mr. THOMASON. Miss Katherine Densford, president of the American Nurses Association, must leave for Minnesota on the afternoon

train. We will have to hurry up. She has to be heard. The committee will adjourn not later than 12:30 and sooner if there is a roll call.

Any questions, Mr. Martin?

Mr. MARTIN. Yes.

Mr. THOMASON. You can come back, Colonel, if necessary?

Colonel IJAMS. Yes, sir.

Mr. MARTIN. In your opinion would the commissioning in the Army of those who are qualified for Army commissions stop most of your loss now occurring which I understand is about 100 a month?

Colonel IJAMS. I think it would stop all of the loss, Congressman.

Mr. MARTIN. It would stop all of the loss?

Colonel IJAMS. It would stop all of the loss by resignation for the purpose of going into the armed services.

Mr. MARTIN. Mr. Sparkman raised a very interesting thing about this pay. Do you need legislation to bring the pay of all those who are filling the same duties up to that of whatever the commission pay or scale is?

Colonel IJAMS. We have appealed the classification, Congressman, for the purpose of getting higher pay for these girls.

Mr. MARTIN. To bring them on a higher basis?

Colonel IJAMS. Yes, sir.

Mr. MARTIN. That would do away with that difficulty?

Colonel IJAMS. With that discrepancy; yes, sir.

Mr. MARTIN. You spoke about getting a percentage of nurses for the Veterans' Administration out of any proceedings under this legislation if it becomes law?

Colonel IJAMS. Yes.

Mr. MARTIN. And I take it you can use a considerable bunch of this percentage from that group that are not capable to qualify for a commission?

Colonel IJAMS. That is the only group we have gone after because we did not want to compete with the Army and Navy in their recruiting program.

Mr. MARTIN. And from your own recruiting program, as you describe it, through the cooperation of the Elks lodge, you have presumably secured recruits within recent months who were not able to qualify for a commission?

Colonel IJAMS. That is correct.

Mr. MARTIN. And you would continue that policy?

Colonel IJAMS. That is correct. Of course, we have received some who could qualify, but who have good reason for not going into the service.

Mr. MARTIN. Yes. It seems to me you would have good reason for paying those who were not able to qualify in the Army on a comparable basis in order to keep your organization functioning properly. That I think would be absolutely required.

Colonel IJAMS. That we have been endeavoring to do, but we have been unsuccessful.

Mr. MARTIN. Did I understand your statement that you did not need any legislation to commission officers?

Colonel IJAMS. I think not. We have asked that the nurses be treated the same as doctors, so I think it would require no legislation.

Mr. MARTIN. I gather from your discussion of the use of facilities

taken over from the Army and Navy that the great bulk you have taken over thus far have been certain types. What are those types?

Dr. GRIFFITH. All types.

Colonel IJAMS. We have taken all types of those, but the largest by far has been the psychiatric group.

Mr. MARTIN. In other words, at the average age of our armed force personnel this mental type is the one that is the great problem so far as permanency of affliction is concerned?

Colonel IJAMS. That and tuberculosis.

Mr. MARTIN. The two, these mental cases and TB cases?

Colonel IJAMS. Yes.

Mr. MARTIN. And that will continue to be the case for several years yet?

Colonel IJAMS. Yes. And we are confronted—I have frequently mentioned this to General Hines—with two types of cases we did not have to contend with in World War I. In World War I if a man was hit badly he died. Today through the use of sulpha drugs, blood plasma, and so forth, boys are being saved. Many of them are going to be badly crippled the rest of their lives. They will come into our hospitals through the Army and Navy. They will occupy what we term "frozen" beds indefinitely.

The other group we did not have to contend with the last time are a very large number of tropical diseases. Many of those cases we can take into the hospital, clear them up, and send them back home, but they will be back within a very short time and will be constantly going through the hospitals.

Mr. MARTIN. Has your cases in those types of loads shown a marked increase?

Colonel IJAMS. No, for this reason: To date in both types we have not got them from the Army and Navy. Those cases are still being retained in the Army and Navy hospitals. I have talked with some of the leading physicians in tropical medicine who informed me many of them will not become evident until years after the war. Some of those cases won't occur until 7 and 9 years after the war.

There is one other type, which Dr. Griffith reminded me of, and that is the spinal cord injury cases which take a great many nurses. As to those men the Surgeon General turned over a large group of them to us and said, "They are going to require 27 hours a day." I find that is true. They require constant care.

Mr. MARTIN. Is that a large number?

Dr. GRIFFITH. An increasing number.

Mr. MARTIN. Is the number increasing from small to large?

Colonel IJAMS. The last report I received we had 78 cases.

Dr. GRIFFITH. We have around 500 now.

Mr. MARTIN. Now, on another line; I have not got it clear how strongly for the Veterans' Administration you are here endorsing this legislation, wholeheartedly and unequivocably?

Colonel IJAMS. I expected General Hines to discuss that. I did not discuss with General Hines how he felt about drafting nurses. So I merely wanted to present our needs.

Mr. MARTIN. You are not taking a stand definitely as to the legislation?

Colonel IJAMS. Personally, I have not, because I have had no opportunity to discuss it.

Mr. MARTIN. And the Veterans' Administration has not?

Colonel IJAMS. I do not know whether General Hines has or not. He will be here later.

Mr. MARTIN. Then there would be no need to ask you along the line I have asked some of these other witnesses.

Mr. THOMASON. General Hines is going to be here.

Mr. MARTIN. If we do have coming from the Veterans' Administration unequivocal endorsement of this legislation I would like to ask your help in bridging over some of the constitutional problems of this approach to this problem.

Mr. THOMASON. Mr. Elston.

Mr. ELSTON. Colonel, you have said you are quite fearful of the Army's recruiting program and that they take away from you a lot of the qualified nurses of the Veterans' Administration. Of course, that could all be performed by the Army simply refusing to employ nurses employed by the Veterans' Administration, or, second, it could be taken care of by the Army commissioning those nurses and reassigning them to the Veterans' Administration?

Colonel IJAMS. Yes, sir; and that is what we have asked them to do.

Mr. ELSTON. If they did that it would be unquestionably fair to the other nurses in the Veterans' Administration doing exactly the same kind of work for perhaps \$70 a month, so the solution seems to be in giving wages high enough for the Veterans' Administration to make their jobs attractive?

Colonel IJAMS. The solution, Congressman, I would like to see, would be to commission all those who could qualify for a commission and then increase the salaries of the ones who could not qualify to the same salaries as those who are commissioned. Then it would be absolutely fair to all.

Mr. ELSTON. If nurses are to be drafted under this bill they are all going to be given higher scales of pay?

Colonel IJAMS. They are.

Mr. ELSTON. So you are doing exactly the same thing if wages are to be increased without this legislation?

Colonel IJAMS. That is correct.

Mr. ELSTON. I was interested in knowing something more about your figures. You said at the present time you had 4,464 nurses?

Colonel IJAMS. Yes, sir.

Mr. ELSTON. That is for how many patients? It may be repetition, but it is not entirely clear. You have given several figures there?

Colonel IJAMS. 67,389 patients on November 30, 1944.

Mr. ELSTON. Colonel, are those all bed patients?

Dr. GRIFFITHS. Yes,

Colonel IJAMS. Oh, no; all kinds of patients are included in that figure.

Mr. ELSTON. There are some patients who simply report to the Veterans' Administration and go on; do they not?

Colonel IJAMS. No. That would be out-patient treatment, Congressman, and that would not be included in this 67,389.

Mr. ELSTON. That is what I wanted to find out.

Colonel IJAMS. No. Nor does this figure of 67,389 include the men under domiciliary care. Those men live in barracks in the homes that we operate and they get out-patient treatment or in-patient treatment, as indicated, but most of them have a sick call in the

morning, come over to get a blister fixed up, or get some pill, or whatever may be necessary.

Mr. ELSTON. That is what I wanted to get cleared up.

Colonel IJAMS. Yes, sir.

Mr. ELSTON. But the 2,000 additional nurses you say you will need, is that in addition to the thousand shortage you say you now have?

Colonel IJAMS. Yes, sir; because of our building program.

Mr. ELSTON. So you will eventually need 3,000 more than you now have?

Colonel IJAMS. We will eventually need a great many more than that because this program we have been speaking of is only the initial program under the G. I. bill, and there will be other programs following that from year to year.

Mr. ELSTON. When will you need this additional 3,000? Within what period of time?

Colonel IJAMS. Based upon the present schedule of additional facilities coming into operation, training needs and staff for emergency expansion on June 30, 1945, we will need 1,000. This figure does not contemplate losses by resignation which represents positions to be filled. This loss presently approximates 100 a month.

In January 1947, we will need 3,000 additional nurses. This figure does not include our loss of 100 a month.

Mr. ELSTON. Of course, if the war should be over, or even partially over in the European field and the Army would not have so great a need for nurses your shortages might be filled without any difficulty?

Colonel IJAMS. Congressman, unfortunately if the German situation collapsed immediately the Surgeon General of the Army would have to care for all those casualties he now has for a long, long time. I have discussed that with him several times. He has pointed out the fact, for instance, that there will be in Army hospitals people who are taking two and three step operations. If they have gone through one step, and a certain surgeon has operated, they have confidence in that man. They do not want to be taken to another hospital. They have confidence in the man who first operated and they want him to complete it. So there will be many cases the Surgeon General of the Army will have to take care of for at least 2 years I would say.

Mr. ELSTON. I appreciate that, but, Colonel, what I am getting at is are your figures based on casualties continuing as they are at the present time?

Colonel IJAMS. Our figures are based on the load that we have received to date, and on the assumption that load will continue at approximately the same rate.

Mr. ELSTON. Of course, if the war were over in Europe the casualty list will stop so far as that area is concerned?

Colonel IJAMS. Unfortunately, Congressman, our load does not depend on the casualty list. Every man and women in the service who receives an honorable discharge from service will be entitled to hospitalization the rest of their lives. Even with demobilization of any part of the Army after Germany is defeated those folks are still entitled to hospitalization in veterans' hospitals.

Mr. ELSTON. I know that is true, but at the same time if the war terminated in Europe this load would be much less than if it continued?

Colonel IJAMS. Of course, casualties coming in today do not affect us so much. Those casualties are brought back here and placed in Army hospitals. The Army will eventually turn all those over to us and there are certain ones who cannot be cured. Those are the cases I spoke of sometime ago as coming directly into the veterans' hospitals.

Mr. ELSTON. Could you say you need these additional nurses you testify to if the war should terminate soon?

Colonel IJAMS. Yes, sir. I think that would not affect our situation a particle.

Mr. ELSTON. You have some discharges, of course?

Colonel IJAMS. We have some discharges.

Mr. ELSTON. Would you deduct from that the number of patients you discharge?

Colonel IJAMS. No; I have kept on my desk this figure showing discharges to us from the Army and Navy just to see how fast we are receiving them. This is not a net figure at all.

Mr. ELSTON. How many do you discharge every month?

Dr. GRIFFITH. If 2,900 came over last January there were 60 percent mentally ill patients. We have been returning 55 to 60 percent of that group back to their homes within 90 days. The TB cases stay longer. The general medical and surgical case varies from 2 or 3 to 6 weeks.

Mr. ELSTON. So not many of that group become permanent patients in the veterans' hospitals?

Colonel IJAMS. No; if they did we would be obviously sunk.

Mr. ELSTON. I want for the record what percent you think will be permanent patients of the Veterans' Administration hospitals?

Colonel IJAMS. That would depend upon the criterion used to determine permanency. Of course, the largest group requiring extended care would be psychiatric.

Mr. THOMASON. Have you any other questions?

Mr. ELSTON. Yes. You are in favor of drafting dietitians and technicians; is that correct?

Colonel IJAMS. If the draft goes through; yes, sir.

Mr. ELSTON. Are there any other classes except dietitians and technicians?

Colonel IJAMS. We recommended that if this goes through there be drafted, enlisted, appointed, or commissioned in addition to the totals otherwise authorized dietitians and other technicians.

Mr. ELSTON. What do you include in other technicians?

Dr. GRIFFITH. Physical therapy, occupational therapy, X-ray and laboratory technicians.

Mr. ELSTON. All of those technicians are not graduated from schools and registered in all of the States, are they?

Dr. GRIFFITH. They are not all registered in the States; no, sir.

Mr. ELSTON. How would you draft technicians if you do not have some list to work from? You would have to register all the women in America to find out the number of technicians; would you not?

Dr. GRIFFITH. No, sir; because we would know the number who graduated from the schools annually.

Mr. ELSTON. Do all the types of dietitians and all the types of technicians you need graduate from schools?

Dr. GRIFFITH. Yes.

Mr. ELSTON. And your records would be obtained from the schools?

Dr. GRIFFITH. Yes.

Mr. ELSTON. And not by virtue of any State registration?

Dr. GRIFFITH. That could be used to verify it.

Mr. ELSTON. Are you employing any technicians except graduates?

Dr. GRIFFITH. No, sir.

Mr. ELSTON. How many technicians do you need?

Dr. GRIFFITH. Approximately 500.

Mr. ELSTON. That is 500 additional?

Dr. GRIFFITH. Over and above what we have now.

Mr. ELSTON. Over what period will you need the 500?

Dr. GRIFFITH. In the next 12 months.

Mr. ELSTON. And what is the rate of graduation of technicians from hospitals per year?

Dr. GRIFFITH. What do you mean? From schools?

Mr. ELSTON. Yes.

Dr. GRIFFITH. I would have to get that figure for you. I do not have it here.

Mr. ELSTON. What has been the difficulty in getting technicians? Has the Army been taking them too?

Dr. GRIFFITH. The Army and the Navy needs them too.

Mr. ELSTON. Is the Army commissioning them?

Dr. GRIFFITH. I cannot answer that. I do not know what they come in under, the WAVES, or WAC's or what.

Mr. THOMASON. Is that all, Mr. Elston?

Mr. ELSTON. Yes, sir; that is all.

Mr. THOMASON. Mr. Fenton, any questions?

Mr. FENTON. Colonel, when you say you talked to the Elks in Chicago how long is it since you talked to the Elks on your proposition of recruiting nurses?

Colonel IJAMS. I think that was in September or October.

Mr. FENTON. How many have they recruited for you today; do you know?

Colonel IJAMS. I just asked the superintendent of nurses. She says she has not that figure.

Mr. FENTON. They did get some for you?

Colonel IJAMS. Oh, yes, sir; they got some and their program is very much under way now. Of course, it took some time to get started.

Mr. FENTON. What other efforts have you made in recruiting nurses?

Colonel IJAMS. We have first gone to Civil Service, as we always do. We have also given authority to our managers in the field to recruit locally. We have sent our chief nurses around to the nursing schools in their community, where they talked with the women in charge of the nursing schools, talked with the girls in the schools, especially to the graduating classes and we have tried to get their interest in coming into the Veterans' Administration. That, of course, is the first source of supply, the graduating classes in the schools.

We have done everything we know how to secure these girls through publicity and the local press, our managers making talks to veterans' groups, and so forth. I spoke before the Daughters of the Revolution a year and a half ago in my home city of Baltimore, and these organizations are always looking for constructive objectives, and as a result of that one talk we got three nurses at Fort Howard within the next 2 weeks. All of us have been recruiting. I recruit at all times for

all types of personnel. I travel back and forth each day between my home in Baltimore and Washington, and even on the train I am asking where we can get any kind of personnel because we require all kinds of personnel.

Mr. FENTON. Have you advertised extensively in the newspapers?

Colonel IJAMS. Yes; we have had articles in the various professional journals as to our need for nurses.

Mr. FENTON. When you get an application, Colonel, how long does it take the Veterans' Administration to process that application?

Colonel IJAMS. Doctor, how long does it take to process an application after it comes in?

Dr. GRIFFITH. A week or 10 days.

Mr. FENTON. A week or 10 days. Do you think it can be done quicker than 3 weeks?

Dr. GRIFFITH. Yes, sir; it is done quicker than 3 weeks.

Mr. FENTON. There are other outfits that seem to take 3 or 4 weeks to do it.

Dr. GRIFFITH. They have not properly filled out their application.

Mr. FENTON. I am glad somebody can do it in less than 3 weeks. What is the ratio of nurses in the veterans' facilities per bed? How many patients can one nurse take care of?

Colonel IJAMS. Present ratio of nurses to patients in the general medical hospital is 1 to 7.7; present ratio in TB hospitals 1 to 8.68; present ratio in psychiatric hospitals is 1 to 35.18. I might say in that last our minimum standard is 1 to 25 or 1 to 38. We are running over 35-plus.

Mr. FENTON. You will need a considerable number of nurses after your contemplated program is completed in the hospitals?

Colonel IJAMS. Not only that, but it is a continuing program. We will continue to need them as these beds are made available.

Mr. FENTON. The thing to do is get the nurses instead of talking about it. And I believe that certain services have about 5,500 men out recruiting 17-year-old boys. With that kind of service in recruiting nurses I think maybe the situation would be solved very much quicker. We are spending a lot of money in the papers for certain publicity and I am just wondering whether some of that kind of publicity were given to nurses whether we could not in a very short time get the nurses that these boys need overseas. I am not unmindful of the fine work the Veterans' Administration is doing. I think they will have to carry on after this war is over.

Mr. THOMASON. Mr. Fenton, do you have any further questions? Any further questions?

Mr. FENTON. No; that is all.

Mr. THOMASON. Mr. Johnson.

Mr. JOHNSON. Colonel, you mentioned the fact that you had 67,389 patients in veterans' hospitals. Does that include patients in State hospitals and State institutions?

Colonel IJAMS. Yes, sir.

Mr. JOHNSON. How many have you, if you know, in contract hospitals?

Colonel IJAMS. We have a total of about 4,000 in contract institutions.

Mr. JOHNSON. Does a contract institution include a State Veterans' Home that has a hospital? For instance, in my district there is a

big State veterans' home. That has a large veterans' hospital. Do you have any patients in that type of institution?

Colonel IJAMS. We admit men to State homes if they want to go there, and we pay the State a certain amount which you gentlemen determined or increased a year ago.

Mr. JOHNSON. Does that include medical care?

Colonel IJAMS. That includes all type of care. They go in for domiciliary care and under our contract the State is required to give them any type of care they might need.

Mr. JOHNSON. The 4,000 you mentioned in contract hospitals, does that include that type of institution?

Colonel IJAMS. No.

Mr. JOHNSON. How many are in the State institutions, if you know?

Colonel IJAMS. I do not believe this figure or sheet shows it. We will put that in the record.

Mr. JOHNSON. What did you say?

Colonel IJAMS. I will put that figure in the record.

(The information referred to is as follows:)

During the fiscal year ending June 30, 1944, there was an average of approximately 4,405 veterans cared for in State homes, where the Veterans' Administration reimbursed the State to the extent of \$1,189,350.

Mr. JOHNSON. As to the patients in State homes, that does not present this particular type of nurse problem, does it?

Colonel IJAMS. No. They handle their own facilities.

Mr. JOHNSON. They handle their own facilities?

Colonel IJAMS. They handle their own.

Mr. JOHNSON. Of course, the more you put in there, the more difficulty they will have likewise in getting the proper type of nurses?

Colonel IJAMS. That is correct.

Mr. THOMASON. Mrs. Luce.

Mrs. LUCE. Colonel, did I understand you to say the patient type of load on the veterans' facilities may be even heavier after the shooting stops in the war?

Colonel IJAMS. Yes; for this reason—

Mrs. LUCE (interposing). It is true?

Colonel IJAMS. That is correct.

Mrs. LUCE. Do you contemplate that the women drafted under this legislation, if we pass it, will be forced to remain as an increasingly needed class in these hospitals after the war is over?

Colonel IJAMS. I should think that any draft bill passed would be written approximately along the lines of the other draft bill which would be for the duration plus 6 months. If I understand you correctly, those persons who might be drafted in the event you pass that legislation will serve only for the duration plus 6 months.

Mrs. LUCE. Although your need becomes greater after the termination of the war?

Colonel IJAMS. Yes; but after that time others will come to us, because those in the service will be let out and we will be able to employ them on a civilian basis.

Mr. THOMASON. Mr. Short?

Mr. SHORT. No. Many years Colonel Ijams has been with the Veterans' Administration, in fact since the beginning, and his comprehensive knowledge of all the ramifications and of all of these

complex and baffling problems I wish the record would show that his opinion is one which I think will pretty accurately reflect the opinion of the Veterans' Administration.

On one particular point I should like to ask a question as to the release of these cadet nurses. Colonel, when the Government spends money in educating these cadet nurses that puts sort of a claim upon them, and do you not think that they should be required to enter the armed forces, governmental service, or some other governmental agency?

Colonel IJAMS. Ordinarily when the Government does something it requires something in return. The reverse of that is true. As to these boys serving us today—if they are disabled the Government is going to do something for them. I think you are right, sir.

Mr. SHORT. A few years ago we could send boys to West Point and the academies and they could leave the academies and go right into civil life and got a nice education at Uncle Sam's expense. We have changed that.

Colonel IJAMS. That is correct.

Mr. SHORT. And they are required to serve a certain length of time in the Army and Navy after graduation from West Point and Annapolis. It seems to me we should expect that from graduates, men and women in whom the Government has made a substantial investment. It seems to me if we put some teeth in the Bolton bill requiring these cadet nurses to enter some branch of the Government service perhaps we would not solve altogether, but certainly it would contribute much to this serious problem now confronting us.

Colonel IJAMS. Yes, sir; I do.

Mr. SHORT. You feel that?

Colonel IJAMS. Yes, sir.

Mr. THOMASON. Colonel Ijams, you have made a valuable contribution to these hearings as you always do when you appear here. Thank you.

Colonel IJAMS. Thank you very much, Mr. Chairman.

Mr. THOMASON. Miss Katharine J. Densford, president of the American Nurses' Association.

STATEMENT OF MISS KATHARINE J. DENSFORD, REGISTERED NURSE, PRESIDENT OF THE AMERICAN NURSES' ASSOCIATION

Mr. THOMASON. I am sorry, Miss Densford, we have kept you waiting so long. I am also sorry we must go to the House, although I am sure the committee would be pleased to have a brief statement and then you can supply for the record such statement as you would like to make. I believe we have already a statement available here which of course will become a part of the record.

Miss DENSFORD. I represent the American Nurses' Association, which includes more than 178,000 members in all States. The nurses, I am quite sure, would like to have me present, if it is your pleasure on a later date, the report and the testimony which I have here. I would, however, at this time appreciate it if you would turn to the last few paragraphs just that you may have the thing in mind that the American Nurses' Association recommends at this time.

Mr. JOHNSON. On what page?

Miss DENSFORD. On page 8. I believe we will have time to read this part of it, if we may, Mr. Chairman.

Mr. THOMASON. That is all right. I think you may contribute something very valuable if you would read that into the record at this point.

Miss DENSFORD. It is the firm belief of the American Nurses' Association that the problem now presented may be dealt with by some Federal agency, adequately implemented with funds, personnel, and authority, and a federally financed recruitment program promptly instituted--this program to be at least comparable in scope to those employed in the recruitment of WAC's and WAVES. The War Manpower Commission has in the past, together with the Red Cross Nursing Service, provided an effective mechanism for the selection of nurses for the armed forces on a voluntary basis and for the stabilization of civilian nursing services, and we think it can do so in the future if properly strengthened.

If the committee does not agree that the plan I have just outlined can be put into immediate effect, then the only other suggested method of attacking the problem is through the medium of a draft. The association would accept a draft of nurses as a first step, but only as a first step, in a Selective Service Act for all women. This should be supplemented by a General Service Act in order that our drastically reduced civilian nursing service may be augmented by help from other groups of women.

Actually, we are faced with a fourfold problem:

1. The needs of the military;
2. The needs of veterans;
3. The needs of civilians; and
4. The need for educational and training programs, which are of two types: (a) *Basic*, to maintain a continuous supply of new graduate nurses, and (b) *advanced*, to secure teachers, supervisors, and administrators.

These phases of the problem are not separate, but are interrelated and interdependent. They do not affect nurses alone, but are vital to physicians, hospitals, industry, public-health agencies, and indeed to the entire American people. We believe, therefore, that to be acceptable, legislation must treat the problem comprehensively. The two legislative measures now under consideration by the committee, standing alone, are designed to care for only one part of the problem, and are therefore incomplete.

Draft legislation should, as a minimum, provide for:

1. Commissioning of nurses;
2. Proper safeguards for nursing standards, including the restriction of induction to graduate registered professional nurses and to graduate of State accredited schools of nursing who are eligible for State examinations;
3. Prohibition against discrimination with respect to race, color, creed, or sex;
4. Administration either wholly or in part through some Federal agency, such as the Procurement and Assignment Service of the War Manpower Commission with proper provision for essential civilian requirements and the educational necessities of the profession, including deferments for teachers, supervisors, certain classes of graduate students and those in essential key positions;

5. Proper credit to the States for voluntary recruitments;
6. Power to grant deferments based on family relationship, with permission granted for voluntary enlistment;
7. A commissioned nurse corps for the Veterans' Administration, with the same provisions applicable to this corps as are applied to the military.
8. Limited service for all women.

Mr. Chairman, I thank you for the privilege of presenting this in so brief a time, and as I have said I would welcome the opportunity later to be heard further. I will be glad if the University of Minnesota will allow me to remain until Tuesday to speak further and answer any questions that I may be able to. I would like at that time to comment about the Cadet Nurse Corps since I have the largest corps in the country at the present time of almost 1,000 members.

Mr. THOMASON. Miss Densford, of course, I am only acting as chairman, but the chairman of the committee, Mr. May, will be back Monday and hearings are to be continued. I have an idea they will be resumed on Tuesday.

Miss DENSFORD. Thank you.

Mr. THOMASON. But I will be very glad to communicate your willingness and your desire to speak further, and I am very hopeful, and I am sure I speak for the committee, you will come back because we are anxious to ask you some questions.

Miss DENSFORD. May I say it is not my preference and desire, but I believe the nurses of the country would want to have some presentation if it is your pleasure.

Mr. THOMASON. I believe I speak for myself only, but I know we all want you to have a fair hearing.

Mr. BROOKS. Mr. Chairman, did I understand you to say you wanted to come back next Tuesday?

Miss DENSFORD. I said I would request the permission of an extension of my time until Tuesday from the University of Minnesota to come back.

Mr. BROOKS. I think we ought to be willing to set a definite date for the lady and the committee.

Mr. THOMASON. The chairman has authorized me to say we will be glad to hear you on Tuesday. Could you come back Tuesday morning at 10:30?

Miss DENSFORD. I shall attempt to do that.

Mr. THOMASON. Then we will adjourn until next Tuesday.

(Whereupon, the hearings were adjourned until Tuesday, February 13, 1945, at 10:30 a. m.)

PROCUREMENT OF NURSES

TUESDAY, FEBRUARY 13, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,

Washington, D. C.

The committee met at 10:30 a. m., Hon. Andrew J. May (chairman) presiding.

The CHAIRMAN. The committee will proceed to come to order.

The first witness this morning is Miss Katharine Densford, president of the American Nurses' Association.

STATEMENT OF MISS KATHARINE DENSFORD, PRESIDENT OF THE AMERICAN NURSES' ASSOCIATION—Resumed

Miss DENSFORD. I appreciate very much, Chairman May, having the opportunity of presenting this material on behalf of the American Nurses' Association.

The American Nurses' Association, of which I am the president, is the national membership organization of graduate registered professional nurses in this country, having an enrolled membership of over 178,000 members. It has a constituent association in each of the 48 States, the District of Columbia, Puerto Rico, and Hawaii. The association was organized in 1896 and has been functioning actively ever since that date.

The opinions which I am about to express do not necessarily reflect my personal views but are the opinions of our membership as made known through their accredited representatives.

First of all, it seems to me that it is of the greatest importance that the members of this committee thoroughly understand that the American Nurses' Association will continue to use every resource at its disposal to help to provide adequate nursing care for the men in military service. We believe, with the Surgeon General, that "the importance of nursing in making sick and injured men well cannot be overestimated."

The American Nurses' Association has been vitally concerned with nursing care for our armed forces since it was organized. An infant organization 2 years old when the War with Spain was declared, one of its first acts at its first convention was to offer the services of its delegates, in a body, to the Government for nursing service in the Army.

In spite of the valiant efforts of the trained nurses who rose to meet the emergency, the nursing care was not what it could have been with proper organization. As a result, in December 1898 the association helped to formulate a bill on Army nursing. This bill failed to pass, but public opinion had been aroused, and when, a year later, the bill to create the Army Nurse Corps was passed, the corps had

already been organized and functioning for several months with a nurse superintendent. The association has continuously supported legislation to improve the status and effectiveness of nurses in military service—the final result being the commissioning of Army and Navy nurses in February and June of 1944 respectively.

The CHAIRMAN. What was that last date?

Miss DENSFORD. The association has continuously supported legislation to improve the status and effectiveness of nurses in military service—the final result being the commissioning of Army and Navy nurses in February and June of 1944, respectively.

Mr. JOHNSON. Mr. Chairman, a large part of this testimony was given the other day. I wonder if the witness will direct her attention to the specific question, that is, as to the need for this bill, what objections you have to it, if any, or whether you think the bill is a proper bill.

Miss DENSFORD. Mr. Chairman, perhaps I may be out of order, but I stated on Friday that I thought the nurses of the country felt that their report should be, if possible, presented for consideration.

Mr. JOHNSON. I have no objection to your putting the statement in the record. We have it before us, and you are directing our attention to it. But it seems to me it would be well to discuss the bill.

Miss DENSFORD. Does that mean that you do not wish it presented at this time?

The CHAIRMAN. It may be printed in the record. If you have already given it, it would be repetition to go over it again. Mr. Johnson and I would like to know what your views on H. R. 1284 are.

Miss DENSFORD. The nurses of the country, I think, would want you to have careful consideration of the background of that opinion, and I am perfectly willing to leave it for the record, if you desire.

The CHAIRMAN. It may go in the record.

Miss DENSFORD. To protect the public, nursing practice in this country is controlled by State nurse practice acts which establish recognized minimum standards of professional education and performance and provide for the licensing of properly qualified men and women as registered professional nurses. From the beginning the association, and especially its constituent State associations, have actively sponsored and promoted proper legislation toward the control of the practice of nursing.

Since representatives of the Red Cross Nursing Service have testified at these hearings, I shall touch only briefly on the relationship between us. Cooperative relationship between the Red Cross and the American Nurses' Association goes back at least to 1904. In 1909 the American Red Cross asked the American Nurses' Association to assist it in developing a nursing service to provide a reserve for military and disaster nursing that would meet the standards of both societies. Shortly thereafter a national director of Red Cross Nursing Service was appointed, and a plan for State and local committees on Red Cross Nursing Service to receive applications of nurses for enrollment in the service and forward them to the central office in Washington, with the necessary credentials, was put into effect. In World War I, the entire quota of nurses (21,480) needed for military service was raised with the help of these voluntary committees—a magnificent record.

Nursing began to prepare for World War II long before Pearl Harbor. More than 2 years before that date, the American Journal of Nursing, the official publication of the American Nurses' Association, began to call upon nurses to increase the reserve in the Red Cross Nursing Service.

In July 1940 the American Nurses' Association called together a representative group of nurses to consider the place of nursing in national defense. The ultimate outcome was the National Nursing Council for War Service, made up of representatives of the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, the National Association of Colored Graduate Nurses, and of the Federal agencies and related groups. The council's purpose is to coordinate the wartime activities of all these organizations.

The council's first act was to sponsor a national inventory of nurses, in 1941, to determine where the nurses were, how many new student nurses must be enrolled, and how military quotas should be assigned to the States. United States census figures are of little value here since they do not differentiate between registered nurses, graduate nurses, and student nurses. The United States Public Health Service sponsored the survey with financial help from the Red Cross. The American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing acted as cosponsors. A second national survey of registered nurses was made in 1943 by the United States Public Health Service. These surveys provided data by States on the numbers of nurses in this country active and inactive, married and unmarried, meeting military requirements as to age, and the numbers of each in the major fields of nursing.

The recruitment of student nurses has been a major activity of the National Nursing Council for War Service and the State nursing councils since before Pearl Harbor. After the Bolton bill was passed in June 1943 creating the United States Cadet Nurse Corps, the National Nursing Council for War Service continued a large part of its student recruitment activity under special contract with the United States Public Health Service, which administers the corps.

These student nurses have given a large part of the nursing care to patients in civilian hospitals in place of the graduate nurses who have gone into the military. As senior cadets they are increasingly becoming available to the Federal hospitals. As graduate nurses they will be available for military and essential civilian nursing service. Relatively few cadet nurses had graduated up to January 1945, since the corps is less than 2 years old, but beginning with this year, they will make an important addition to the nurse census.

Early in 1942, the National Nursing Council for War Service established a national committee on supply and distribution of nurses to work with State committees in providing nurses for military service and safeguarding nursing care of civilians. The council was financially unable to carry on this tremendous task and, at its request, the project was placed in the Procurement and Assignment Service of the War Manpower Commission, an appropriate mechanism was

established, and a nurse director appointed. The former State and local committees on supply and distribution then became State and local committees on procurement and assignment.

Procedures for classifying nurses according to their availability for military service or essentiality in civilian service were formulated, as were procedures for notifying the Red Cross nurse recruitment committees when nurses were classified as available.

By January 1, 1945, approximately 235,000 nurses had been classified as to their availability for military and essentiality in civilian services. Practically all of this work was accomplished by nurses, the majority of whom were on full-time duty in their own profession, and who volunteered to give the extra time for this important effort. Federal funds provided for only some 65 clerical workers throughout the entire country.

Plans were formulated for a national registration by the Procurement and Assignment Service, to be held in February 1944. Scarcely had the proposed registration been publicized when on January 8, 1944, the War Department notified the Procurement and Assignment Service that "appointments to the Army Nurse Corps will be curtailed after 3,500 nurses needed early in 1944 have been procured. Thereafter, replacements only will be needed." Accordingly the proposed registration of nurses was dropped, as was the O. W. I.'s over-all public information plan. To the consternation of everyone, in May 1944 the War Department advised the Procurement and Assignment Service that the total ceiling for the Army Nurse Corps had again been raised from 40,000 to 50,000.

The confusion of nurses over this rapid change in directives can be readily understood, but procurement and assignment committees kept on working. The nursing information bureau of the American Nurses' Association, with the National Nursing Council for War Service, circulated thousands of leaflets telling nurses the story of procurement and assignment.

The American Nurses' Association, with the National League of Nursing Education and the State boards of nurse examiners, work continuously to make the maximum number of registered nurses available for military service as rapidly as possible. For example, one State is now holding examinations as often as once a month.

A clearing bureau of State boards of nurse examiners has been functioning at A. N. A. headquarters since August 1943. As a result of conferences arranged by the American Nurses' Association and National League of Nursing Education for State boards of nurse examiners, licensing examinations have been speeded up and simplified. Broader interpretations and amendments of nurse practice acts and modifications of board rules have hastened the process of licensing professional nurses.

In addition, the clearing bureau and the State boards are simplifying licensing by reciprocity. This is of great importance in providing nursing care for civilians as our population has shifted to centers for defense industry, and as specially qualified nurses have been needed in hospitals and schools of nursing in States other than those in which they were originally licensed. Also, this has helped to provide nurses to replace those who enter military service.

The American Nurses' Association has persistently and continuously kept the nursing needs of the armed forces before the nursing profession by means of its monthly magazine, the American Journal of

Nursing, which has a circulation of 78,000, and a monthly bulletin, Professional Nursing, going to 30,000 busy medical, hospital, and nursing executives. It has provided innumerable leaflets and other materials for distribution by the local Procurement and Assignment Service committees. The association has also used its publication as media for coordinating information on nursing procured from the Federal and voluntary agencies.

As a result of the efforts which I have described, in the period between Pearl Harbor and through 1944, 81,145 registered professional nurses voluntarily and without recourse to any draft were certified to the Army and Navy Nurse Corps by the Red Cross. A total of 53,267 assignments were reported to the Red Cross by the Army and the Navy in this same period. Over 10,000 have been separated from the services, the principal reasons being physical disability and the fact that they married. There are at present approximately 42,000 nurses serving the Army and approximately 9,000 the Navy.

Voluntary recruitment during 1944 was seriously hampered by the fact that between November 1943 and May 1944 the quotas called for were first raised and then sharply lowered, then raised again as described earlier, and raised again, I might add, since these hearings opened. Such recruitment has further been hampered by the fact that civilian hospitals now have greatly increased numbers of patients, and that there are many more student nurses to be prepared than at any time in history.

A test survey in 1944 of hospitals in all geographic areas of this country indicated that the hospitals replying had an increase in average patient census in 1944 over 1940 of 29.6 percent.

Industrial casualties from Pearl Harbor to January 1, 1944, amounted to 37,600 American workers killed on the job—7,500 more than the military dead for the same period. More than 200,000 workers were permanently disabled and 4,500,000 were temporarily disabled.

Sixty-five thousand student nurses were admitted to schools of nursing in this country in the year ending June 30, 1944; 60,000 student nurses is the goal for the year ending June 30, 1945. These young women are our future graduate nurses. It will not be possible to prepare them as nurses if the supply of nurse-teachers, supervisors, and administrators is further reduced. Indeed, in addition, we must be continuously preparing nurse-teachers, supervisors, and administrators.

I have tried to show you the deep concern of the American Nurses' Association and organized nursing that safe and adequate nursing care be provided for our soldiers and sailors. I have tried also to show the feeling of responsibility which the American Nurses' Association and organized nursing have toward our civilian population.

It is the belief of the American Nurses' Association that the problem now presented may be dealt with by some Federal agency, adequately implemented with funds, personnel, and authority, and a federally financed recruitment program promptly instituted—this program to be at least comparable in scope to those employed in the recruitment of WAC's and WAVES. The War Manpower Commission has in the past, together with the Red Cross Nursing Service, provided an effective mechanism for the selection of nurses for the armed forces on a voluntary basis and for the stabilization of civilian nursing services, and we think it can do so in the future if properly strengthened.

If the committee does not agree that the plan I have just outlined can be put into immediate effect, then the only other suggested method of attacking the problem is through the medium of a draft. The association would accept a draft of nurses as a first step, but only as a first step, in a selective service act for all women. This should be supplemented by a general service act in order that our drastically reduced civilian nursing service may be augmented by help from other groups of women.

Actually we are faced with a fourfold problem:

1. The needs of the military;
2. The needs of veterans;
3. The needs of civilians; and
4. The need for educational and training programs, which are of two types—(a) basic, to maintain a continuous supply of new graduate nurses; and (b) advanced, to secure teachers, supervisors, and administrators.

These phases of the problem are not separate but are interrelated and interdependent. They do not affect nurses alone but are vital to physicians, hospitals, industry, public-health agencies, and, indeed, to the entire American people. We believe, therefore, that to be acceptable, legislation must treat the problem comprehensively. The two legislative measures now under consideration by the committee, standing alone, are designed to care for only one part of the problem, and are therefore incomplete.

Draft legislation should, as a minimum, provide for—

1. Commissioning of nurses;
2. Proper safeguards for nursing standards, including the restriction of induction to graduate registered professional nurses and to graduates of State accredited schools of nursing who are eligible for State examinations;
3. Prohibition against discrimination with respect to race, color, creed, or sex;
4. Administration either wholly or in part through some Federal agency, such as the Procurement and Assignment Service of the War Manpower Commission, with proper provisions for essential civilian requirements and the educational necessities of the profession, including deferments for teachers, supervisors, certain classes of graduate students, and those in essential key positions.
5. Proper credit to the States for voluntary recruitments;
6. Power to grant deferments based on family relationship, with permission granted for voluntary enlistment;
7. A commissioned nurse corps for the Veterans' Administration, with the same provisions applicable to this corps as are applied to the military;
8. Limited service for all women.

These are the possibilities as we see them.

THE CHAIRMAN. You understand, Miss Densford, that the bill, H. R. 1284, merely provides that all registered nurses, who have registered or may become registered, under the laws of any State at the time of the effective date of this act, between the ages of 18 and 45, shall be subject to selection and induction under the provisions of the Selective Service Act.

MISS DENSFORD. That is right.

The CHAIRMAN. That merely brings them within the purview of that act. You have no objection to that, as I understand it. The only questions you raise are contained in the eight recommendations you make there, particularly the one for the commissioning of nurses, when they are in, as second lieutenants.

Miss DENSFORD. Mr. Chairman, I think there are two things that we have suggested; one is the possible strengthening of the voluntary machinery, which we believe could work, if it is properly strengthened. The second is the thing to which you have referred. Now, if that machinery cannot be strengthened immediately, then the draft, with the provisions we have suggested, would be acceptable.

The CHAIRMAN. You will admit that if we need 20,000 nurses, and we have not been able to get them by voluntary methods, there will have to be a resort to other methods in order to get them, do you not?

Miss DENSFORD. That is right.

The CHAIRMAN. Very well.

Mr. SPARKMAN. Following up that same thought; representation has been made to us that there is a great need for some large number of nurses. The figure itself may not be so definite--20,000, is it?

The CHAIRMAN. Yes.

Mr. SPARKMAN. Somewhere around 20,000 nurses that they need, and need quickly. Do you believe that voluntary methods can be used to get those nurses as quickly as they are needed?

Miss DENSFORD. With four "if's", Mr. Sparkman. One, if we may have the funds to do the job; two, if we may have the personnel to do the job; three, if there is authority for action; and, four, if we may have a public-information program that goes out immediately.

Mr. SPARKMAN. Let me ask you about that third one. I am not sure that I understood what you said—if there is authority?

Miss DENSFORD. Authority within the agency to carry out this program.

Mr. SPARKMAN. Just what do you mean by authority within the agency to carry out the program?

Miss DENSFORD. Well—I am not speaking to a lawyer, by any chance, am I?

Mr. SPARKMAN. Here is the point I am trying to get: Are you implying by speaking of authority to carry out this program, that this agency that you mention shall have right to say to the nurses, "You are needed here. You must go"?

Miss DENSFORD. Mr. Sparkman, I can answer that question best, perhaps, by saying that we all know that there are Federal agencies that do get things done short of having a draft to force the people to do those things. I believe that this committee would be in a position to determine the kind of authority needed to cause the agency to function effectively short of a draft. If that is not possible, if these four cannot be immediately carried out, then the draft, I think, is the only other suggested method. I don't know whether that answers the question.

Mr. SPARKMAN. Yes; I think I understand you. The problem that I see in connection with it is the time element; whether there is the time within which to work out these four things you mention and get the nurses. I wonder how you would react to this kind of a proposal: Instead of simply making the draft apply, use some agency,

such as the Procurement and Assignment Service—and I assume that is something you folks have in mind—to decide what the local needs are, where they can be spared, and give that agency the right to do the things that you say, suggest to a nurse that she is needed to serve in such-and-such a place, and only in the event that she does not respond, or in the event that she is not needed in some particular place, then let her be certified as available for the draft.

Miss DENSFORD. Of course, that is just one feature, the matter of that authority.

Mr. SPARKMAN. Yes.

Miss DENSFORD. It is as much moral suasion as well as implementing machinery.

Mr. SPARKMAN. You seem to make it a little stronger than moral suasion and as a last resort.

Miss DENSFORD. Well, I think it is one or the other. I don't think of the draft as a threat to nurses. I think nurses are responding because of the need, and because they are being released, and because of the recruiting techniques that are being used. But I believe if we could implement that first program rightly—and it can be done almost overnight so far as nurses are concerned, because we have already more than 800 committees functioning over the country, ready to go into action—but we have to have these four phases and they have to be carried out immediately.

Mr. SPARKMAN. If you have your 800 committees functioning—

Miss DENSFORD. They are ready for functioning.

Mr. SPARKMAN. Throughout the country, I can't see why, if a voluntary program would work, they cannot go around and get these nurses to volunteer.

Miss DENSFORD. Perhaps I can illustrate that best by speaking of my own State, for example. We have many committees in our own State, but we have no paid personnel, for example, to help carry out the work of getting the nurses classified and into the military service. That is done by volunteers.

Mr. SPARKMAN. Then you think we do need registration and classification?

Miss DENSFORD. We need the registration of all nurses, yes; and we need a classification.

Mr. SPARKMAN. So as to know who they are, and where they are?

Miss DENSFORD. That is right.

Mr. SPARKMAN. You would include that in your program?

Miss DENSFORD. I would be very happy to include that in our program. In fact, we have included it in our program. You would have to register them to know where they are, and who, and what types of nursing they do.

Mr. SPARKMAN. And, of course, that is the first part of this proposed law, to get them ready.

Miss DENSFORD. Can we not get the registration in your first plan? I mentioned, Mr. Sparkman, that we have already in the United States, 39 States that require an annual registration of nurses, we have 3 States that require a biennial registration of nurses, so that we have 42 States already in which you can get the registration of nurses.

Mr. SPARKMAN. I believe the testimony before the committee is that there may be quite a large number of qualified nurses who are not registered under State-registration plans.

Miss DENSFORD. A certain percentage.

Mr. SPARKMAN. You wouldn't exempt them from the bill?

Miss DENSFORD. Oh, no.

Mr. SPARKMAN. I believe that is all.

The CHAIRMAN. I wish to inquire, for the purpose of making the record clear to myself on just one feature of your testimony. That is, that the nurses' organization which you represent has committees in various communities throughout the country, to an aggregate of about 800; is that correct?

Miss DENSFORD. Mr. Chairman, I think I have probably misstated. I have said that there are in existence in the country more than 800 committees set up under Procurement and Assignment for the classifying of nurses.

The CHAIRMAN. Is that Procurement and Assignment under Selective Service?

Miss DENSFORD. Service of Nurses under the War Manpower Commission.

The CHAIRMAN. Oh, the War Manpower Commission.

Miss DENSFORD. That is right. And those committees, I might say, on a local level, are composed mostly of nurses working on a voluntary basis.

Mr. SPARKMAN. And, of course, it was similar committees, working under the same agency, that enabled the procurement and assignment of doctors.

Miss DENSFORD. May I speak to that?

Mr. SPARKMAN. Yes.

Miss DENSFORD. Those boards, however, were very much smaller, and also behind those assignments at the time was the compulsory draft, which has not been true in nursing.

Mr. SPARKMAN. That is the next point I was going to make. Of course we had the doctors registered and classified.

Miss DENSFORD. Yes.

Mr. SPARKMAN. Now, if we had the nurses registered and classified, of course the Procurement and Assignment Service could do a great deal more than they are now able to do.

Miss DENSFORD. That is true.

Mr. MARTIN. Miss Densford, I, as one of the members of the committee, wanted to have you back here, to give us a little more information. I am somewhat impressed by the fact that the organization you are president of has 178,000 nurses in it.

Miss DENSFORD. Yes.

Mr. MARTIN. Therefore, you are speaking here officially for a very large number of nurses on this program.

Miss DENSFORD. That is right.

Mr. MARTIN. In reading over your statement, I wanted to ask about this special council that you organized shortly before Pearl Harbor, the one that carried out this special survey.

Miss DENSFORD. Yes.

Mr. MARTIN. That having been made up of a number of leading organizations, I cannot tell whether that was made up of all the nursing organizations in the field, or not.

Miss DENSFORD. If you will look on page 3 you will find the statement:

In July 1940 the American Nurses' Association called together a representative group of nurses to consider the place of nursing in national defense.

Mr. MARTIN. And there follows the names of the organizations included.

Miss DENSFORD. Yes.

Mr. MARTIN. What I am asking is, Are there any important organizations left out?

Miss DENSFORD. Nursing organizations in this council?

Mr. MARTIN. Yes; are there any of them not participating?

Miss DENSFORD. So far as I know, Mr. Martin, there are none omitted. There may be one that I don't know of, but so far as I know, they are all included.

Mr. MARTIN. The survey that you refer to on page 5 of your statement says that as at January 1, 1945, there had been a classification of approximately 235,000 nurses.

Miss DENSFORD. That is right.

Mr. MARTIN. What did that classification develop in the way of availability for military service? Are they listed as to their availability?

Miss DENSFORD. You want the number available for military service?

Mr. MARTIN. Yes.

Miss DENSFORD. Approximately 42,000 were classified as available for military service.

Mr. MARTIN. That were not in the military service?

Miss DENSFORD. That is right, as I understand it. And of that number, approximately 31,000 are unmarried nurses.

Mr. MARTIN. Of that number, about 31,000 are unmarried?

Miss DENSFORD. That is right.

Mr. MARTIN. This entire group of 235,000 nurses that were classified covered pretty near the entire field of nursing, did it not?

Miss DENSFORD. At that time, on a voluntary basis, with the rather limited public information program which we had, and with voluntary nursing help doing the seeking out and finding of the nurses.

Mr. MARTIN. That classification was entirely on a voluntary basis?

Miss DENSFORD. Yes.

Mr. MARTIN. And it was a rather comprehensive classification?

Miss DENSFORD. As nearly as such a classification could be made, with the limited funds, personnel, and authority and public information program which we had.

Mr. MARTIN. What I am driving at now is that any compulsory procedure as to classification would not develop a much larger field of available nurses, would it?

Miss DENSFORD. My judgment would be twofold—(1) that it would make known in more effective fashion than we have done up to the present the war need. Nurses have always responded to need, and if they realize the situation, they will respond.

Mr. MARTIN. In other words, the registration part of any legislative approach would be a welcome help, so far as your organization is concerned.

Miss DENSFORD. You are thinking now of the listing of the names and the registering of all the nurses in the country?

Mr. MARTIN. Yes.

Miss DENSFORD. Yes.

Mr. MARTIN. With 235,000 nurses being classified, it seems to me to be a rather comprehensive coverage of the field. But there are

some points in this program that would be helped by a compulsory registration program for information and guidance, even though it is not accompanied by compulsion as to service?

Miss DENSFORD. That is right. These 235,000 nurses, of course, include those overage, those who are physically disqualified.

Mr. MARTIN. You say there are 42,000 available for military service?

Miss DENSFORD. Yes.

Mr. MARTIN. I notice also from your statement here on page 5—

Scarcely had the proposed registration been publicized when on January 8, 1944, the War Department notified the Procurement and Assignment Service that "appointments to the Army Nurse Corps will be curtailed after 2,500 nurses needed early in 1944 have been procured. Thereafter, replacements only will be needed."

That statement by the War Department had some little effect on the program on a voluntary basis, did it not?

Miss DENSFORD. Yes, psychologically a very great effect. I think, Mr. Martin, however, we ought to say here that there is no intent to put the blame upon any one of us.

Mr. MARTIN. I am not blaming anybody, but I am just saying that what did happen had an effect on the program you were carrying out.

Miss DENSFORD. That is right. Up to 1944 our nurses going into service met the established quotas.

Mr. MARTIN. It had some effect on that?

Miss DENSFORD. Yes.

Mr. MARTIN. When we started these hearings I was under the impression that we had the objective within our reach under the voluntary system.

Miss DENSFORD. Yes.

Mr. MARTIN. That is, the War Department's request then was for about 40,000 needed.

Miss DENSFORD. Their ceiling was 50,000 when we started.

Mr. MARTIN. And then they increased that while these hearings were in progress, from 40,000 to 50,000, and while I had formulated some ideas about the earlier program, I am now in need of some further information about whether this increase in ceiling need, or estimated need, of the War Department, has made the number needed so much larger that we must change our views as to its being attained by volunteer methods.

Miss DENSFORD. Mr. Martin, we have to depend upon the time at which these 60,000 are needed. I think there has been no dead line set for that quota, and if there is some time, running over the year—

Mr. MARTIN. So that if the War Department says, overnight, "We need 10,000 more than we have ever estimated before, and we need them tomorrow," you couldn't do it by the voluntary method?

Miss DENSFORD. Well, if that is done overnight, I doubt very much whether any group could meet it.

Mr. MARTIN. If they said, "We need 5,000 additional, and you have 3 or 4 months to get them, or 6 months," it makes an entirely different problem for you?

Miss DENSFORD. That is right.

Mr. MARTIN. It seems to me, from that development, that the parties making up this program in the War Department have it in their power to create a situation that the voluntary system cannot possibly meet.

Miss DENSFORD. That is true, Mr. Martin. We believe, however, that the War Department is acting in absolutely good faith.

Mr. MARTIN. Absolutely.

Miss DENSFORD. And is asking for what it needs, and we shall try to meet them.

Mr. MARTIN. I am not accusing them of bad faith, but I cannot help take note of this fact, that the number stated as needed by the War Department officials, took a jump at a very psychological moment in these proceedings. We are not qualified to say that that is bad faith at all. Now, do you know whether this new number, 50,000, will be the total needs?

Miss DENSFORD. The new number is 60,000. It was 50,000 and has been raised. Originally, Mr. Martin, it was 50,000, dropped to 40,000, then raised to 50,000 and now, in these hearings, raised to 60,000. I think only the Army can answer your question, Mr. Martin, if I understand you.

Mr. MARTIN. That is the only way we have of knowing what the total needs will be.

Miss DENSFORD. Militarily speaking, yes.

Mr. MARTIN. There is one thing I cannot reconcile myself to, and that is this jumping up and then back, and then up again. If that is the way they are going to hand you their estimates of need, you will never be able to meet it on a voluntary basis, because of these very manipulations, up and back, and up again. Whether it is based on actual need, good faith or what, the sort of jumping around that they have done in this very picture, makes it impossible for the voluntary system to function.

The CHAIRMAN. Isn't it a question of the number of wounded men who are now coming back to this country?

Mr. MARTIN. I don't think that would make it jump up a matter of 10,000.

The CHAIRMAN. Those things change over a very short period.

Mr. MARTIN. We don't fight a war that way. We make an estimate of the size of army we will need, and we don't back up every time we have a victory. I don't think they reduce the size of the Army every time we win a battle.

The CHAIRMAN. It is easily understood why you will need more nurses at one time than another, and fewer at another time.

Mr. MARTIN. I would like to suggest this: If they have a draft system and they fill up these quotas, I think it would be a very doubtful proceeding to fill up the quota 1 month, and discharge them the next.

The CHAIRMAN. I think so, too. Proceed.

Mr. MARTIN. Your statement, Miss Densford, is a very good analysis of the entire program as you have approached it from a voluntary basis, and I want to ask you this final question: What length of time do you think it would require under the voluntary system to produce the number of nurses the War Department now says is the number that is needed?

Miss DENSFORD. I can only answer that, Mr. Martin, by saying that the machinery is ready to start functioning tomorrow. We have the machinery.

Mr. MARTIN. Do you believe you could reach that objective in 6 months, or would it take more than 6 months?

Miss DENSFORD. The 50,000 that we had I am quite sure could be reached within—this is a personal estimate, and not one the association necessarily makes—could easily, I believe, be reached by July 1, without question, and possibly much earlier. Even 55,000 may be reached. Sixty thousand would take, I am quite sure, a longer period of time, and I am not prepared to say just how long it would take to get 60,000.

Mr. MARTIN. Fifty thousand was the number we were given as the objective when we started these hearings.

Miss DENSFORD. That is right.

Mr. MARTIN. That is all.

The CHAIRMAN. Let the Chair express the hope that the members will not cover the same ground that has already been covered. This lady has been on the witness stand 35 minutes, and we have nine more witnesses to hear today. Mr. Fenton.

Mr. FENTON. I have just one question. How long would it take you people to process an application?

Miss DENSFORD. I am sorry.

Mr. FENTON. How long would it take you to process an application?

Miss DENSFORD. We had reports from the agencies that have been doing that; they have stated approximately 3 weeks. It does take time to get credentials, to get letters, to get a transcript of official work done, get them from one part of the country to another, get physical examinations, and so on. As you appreciate, however, we are trying to reduce that time in all the agencies. The Red Cross is trying, as are all the other agencies.

The CHAIRMAN. Mr. Johnson.

Mr. JOHNSON. Of the 178,000 nurses, how many are actually engaged in nursing? Are they all actively engaged?

Miss DENSFORD. You mean members of our association?

Mr. JOHNSON. Yes; are all of them actively engaged?

Miss DENSFORD. The 178,000 supposedly are actively engaged in nursing. Those are all members of the association.

Mr. JOHNSON. How many of them, if you know, are in the Army or Navy, in round figures?

Miss DENSFORD. We can give you the total number in the Army and Navy and the total number of nurses we had in our inventory of 1943. The total number in the inventory of 1943, on a voluntary basis, was 274,000; and of that total number you have about 51,000—

Mr. JOHNSON. There are 178,000 active nurses.

Miss DENSFORD. Members of the American Nurses' Association, actively engaged in nursing.

Mr. JOHNSON. And 245,000 all told in the nursing business in the United States, is that correct?

Miss DENSFORD. Perhaps I can state it, if I start from the beginning. In 1943 we had an inventory of nurses on a voluntary basis, and that inventory totaled approximately 274,000 nurses, in round numbers; on December 31 of this last year, we had 178,000 members, active members of the American Nurses Association.

Mr. JOHNSON. In other words, there are 100,000 nurses outside your association, in round figures.

Miss DENSFORD. Approximately how many of these may be overseas, or who have not kept up their membership —

Mr. JOHNSON. How many of the 178,000 are now in the Army or Navy?

Miss DENSFORD. There are 13,381.

Mr. JOHNSON. Of the 178,000?

Miss DENSFORD. That is right.

Mr. JOHNSON. Of that 13,381, are some of them on assignment with the Veterans' Administration?

Miss DENSFORD. No, these 13,381 are in the armed services; therefore, they are serving with the Army or Navy.

Mr. JOHNSON. There are some nurses, still in the Army, who are on assignment with the Veterans' Administration. Are any of that group in that category, or any of the members of your group outside the Army and Navy in the Veterans' Administration?

Miss DENSFORD. You mean any members of the American Nurses Association?

Mr. JOHNSON. Yes.

Miss DENSFORD. Who are in the Veterans' Administration?

Mr. JOHNSON. Yes.

Miss DENSFORD. Oh, yes.

Mr. JOHNSON. The reason I asked about that is, we want to see how much the Veterans' Administration has taken away from the armed services. You are sure none of these 13,381 are in the Veterans' Administration?

Miss DENSFORD. No, none.

Mr. JOHNSON. Coming back to the May bill, as I understand your testimony, you believe that if we do have a draft, we should make it universal. In other words, draft these nurses and assign them not only to the Army and the Navy but to civilian places; is that correct?

Miss DENSFORD. The position that we take is that if you do not follow the first plan —

Mr. JOHNSON. The voluntary plan?

Miss DENSFORD. That is right. We would then accept the drafting of nurses as the first step in a selective draft of all women, and that would be for military service. We believe, however, if you do that, you are almost going to have to supplement it with a national service act in order to take care of your civilian needs.

Mr. JOHNSON. What I want to ask is this: Under the Selective Service Act you realize that people can be deferred sometimes.

Miss DENSFORD. Yes.

Mr. JOHNSON. Deferred to go to some position useful to the war effort.

Miss DENSFORD. Yes.

Mr. JOHNSON. Now, if we had all these nurses registered, and they were all subject to the draft, then those that could be utilized in civilian nursing could be deferred. What do you think of that plan?

Miss DENSFORD. Well, on a voluntary basis, that is what we are doing now.

Mr. JOHNSON. I want to know what you think of the plan this bill might provide for — have you read the bill?

Miss DENSFORD. Oh, yes.

Mr. JOHNSON. Isn't it possible under that bill to do that very thing?

Miss DENSFORD. I don't believe I am qualified to speak in relation to what the bill can do. I think I am qualified to tell you what we think ought to be done insofar as nursing is concerned within the bill.

Mr. JOHNSON. Don't you think it is possible that we could defer nurses to civilian nursing, who would be, in effect——

The CHAIRMAN. Mr. Johnson, will you pardon me for a suggestion? Mr. JOHNSON. Certainly.

The CHAIRMAN. Suppose you call the attention of the witness to lines 6 to 9, inclusive, on page 2 of the bill.

Mr. JOHNSON. That is what I am thinking of. That comes under the procedures of the Selective Service Act.

The CHAIRMAN. It is a very simple matter.

Mr. JOHNSON. What do you think of that possibility? If we had all these nurses registered under the selective-service law then we could take those we wanted, first, for the Army and Navy, maybe next for the Veterans' Administration, and then, by deferment, for the civilian. Is that a possibility, under this law, in your opinion?

Miss DENSFORD. Well, I hesitate to express an opinion, except a personal one. I would think, certainly, if you draft the nurses that are needed into the Army and Navy, and into the Veterans' Bureau, then what is left would be for civilians. But whether you could distribute them over the country——

Mr. JOHNSON. Well, you are an experienced woman in nursing. What I want to get from you is, Wouldn't that be a way by which you could put them, perhaps, in a small town that has no nurses at all? Your testimony was to the effect that if we only provide the Army and Navy we would unbalance the situation at large. I would like to get out of you your opinion as to whether or not Mr. May's bill wouldn't give the very balance you are seeking.

Miss DENSFORD. I don't see how, under the present bill—if I again may speak personally—I don't see how, under the bill, you can distribute the nurses in the civilian service, as would be necessary if you are going to have a balanced service of nurses for the entire country.

Mr. JOHNSON. You realize that when we draft men we can tell a man that he is deferred because he works in an essential industry.

Miss DENSFORD. I might say as to the distribution that there are many factors entering into it. As, for example, your personnel practice. You cannot pick a nurse up from one area with good personnel practice and transport her into another area——

Mr. JOHNSON. I realize you cannot, except by indirection, force them into vacant places. That, you think, would be a weakness in the bill?

Miss DENSFORD. That would be one weakness.

Mr. JOHNSON. Your first choice, of course, would be to use the War Manpower Commission?

Miss DENSFORD. The first choice of the American Nurses' Association would be the use of a Federal agency, properly implemented. We believe the War Manpower Commission can do the work, because it is set up to do it in cooperation with the Red Cross. But we would leave that to the judgment of this committee as to what the agency should be and what the machinery within it should be.

Mr. JOHNSON. You are perfectly satisfied it could do the job?

Miss DENSFORD. If properly implemented.

Mr. JOHNSON. That is all.

The CHAIRMAN. Mrs. Luce.

Mrs. LUCE. Miss Densford, did I understand you to say that the nurses would consider it very unfair to institute a draft for Army and Navy nurses and not at the same time draft, let us say, the WAC as a medical technician? You feel that any draft legislation must include all women for the armed services, so as not to be class legislation, or, rather, group legislation?

Miss DENSFORD. I believe that would be true. We accept the draft as the first step in the selection of all women, and would be willing to accept that if, in the judgment of this committee, that is the thing to do.

Mrs. LUCE. Would you be willing to suggest several relaxations of qualifications that you think would increase the numbers that could be gotten by the Army and the Navy? I am told, for instance, that married women are not accepted as student nurses in many hospitals, and so on. Can you suggest any relaxations which might increase the number that could be drawn on?

Miss DENSFORD. That is a very pertinent question. The National League of Nursing Education is prepared to speak to the educational features perhaps better than I. I will say, however, that many schools have relaxed those requirements; they have made their admission requirements much more flexible since the war. Many of us—for example, I am the director of a school of nursing, the University of Minnesota School of Nursing, in which we accept married students regularly.

Mrs. LUCE. Can you tell us anything at all about the use of colored nurses? Do you feel that they have been used to the extent that they can be used under the voluntary method?

Miss DENSFORD. There is testimony coming from the president of that organization, the National Association of Colored Graduate Nurses. I think I would answer that question by saying that at present we have not utilized in the country as a whole the colored nurses to the maximum capacity.

Mrs. LUCE. Thank you.

Mr. ROE. I am still stumped a little, possibly by the fact that you say you have these 800 committees throughout the country, which have been active for some time, and yet voluntary recruitment has failed—probably because it has not been pushed vigorously enough. Could it, by putting some additional life in the committees, secure these recruitments almost as quickly as if we had this draft legislation?

Miss DENSFORD. If we had the money, the personnel, the authority, and a public information program to go out almost immediately, yes; if not, no.

Mr. ROE. That is a big "if."

Miss DENSFORD. It is not too big an "if," do you think, Mr. Roe?

Mr. ROE. Do you think that if you had that money available you could impress upon all these committees that possibly they are not vigorous enough in their recruitment, and that possibly it could be accomplished?

Miss DENSFORD. Yes; but let me qualify a little bit that statement about the 800 committees. Those committees, for the most part,

are carried on through voluntary effort on the part of graduate nurses who are taking on that work in addition to full-time jobs, and I think all of us know how nurses are needed today, and their voluntary hours, free hours, that they can give are not adequate, really, in number, to carry on a constantly effective program.

Mr. ROE. Dr. Johnson said, I believe, that it took 3 weeks for the processing of applications. Multiplied by 60,000, that would make a pretty impressive total.

Miss DENSFORD. You don't have to do all the 60,000. We already have more than 42,000 in the Army. It is 18,000 more that are needed.

Mr. CLASON. How about male nurses? Can we use those?

Miss DENSFORD. Yes, Mr. Clason. We have the chairman of our male-nurse section here. He will appear. There are between 1,500 and 2,000 male nurses now in the Army, but not serving necessarily as nurses.

Mr. CLASON. You have brought that out in your testimony?

Miss DENSFORD. I think it is not mentioned here as to the numbers, but the use of them is recommended.

Mr. CLASON. So there are 2,500 male nurses already in the Army, having been drafted, or otherwise inducted, and they are available for nurse purposes any time the Army needs some more nurses?

Miss DENSFORD. If the witness recalls correctly, the Army testimony indicates they are trying to use those men in the medical service, as students within the medical service. But there is no commission for the male nurse at present.

Mr. CLASON. Are they registered nurses?

Miss DENSFORD. They are registered.

Mr. CLASON. So that they really have the qualifications of nurses and are entitled to commission just as much as the female nurses.

Miss DENSFORD. That is right. You will find, with regard to the qualifications of these male nurses, at least a sample of them in the Facts on Nursing I gave you, on page 15. It gives you the ranking of the male nurses in the Army.

Mr. CLASON. In addition to those already in the Army, how many more are there who would be available between the ages of 18 and 45?

Miss DENSFORD. I can't answer that question exactly, but we have some 9,000 men nurses, I assume, in the country altogether. I suppose the percentage would be comparable to that of any group.

Mr. CLASON. What would that indicate?

Miss DENSFORD. That would have to be supplied for the record. I would hesitate to say how many would be over age or physically disqualified.

Mr. CLASON. You would suspect that there are between 1,500 and 2,000 who are not in the Army at the present time?

Miss DENSFORD. I wouldn't want to state that. I would rather supply it for your record, if I may.

Mr. CLASON. How will you get it? Have they any association where you can get that information?

Miss DENSFORD. Well, we have the records at nursing headquarters on all the male nurses in the country so far as we are able to tell. Just a moment; if I look in the little fact book I may be able to find the numbers. On pages 7 and 14; total number of male nurses, 8,169. Percent of the total at the time this fact book was prepared, January

1944, was 2.3 percent. Now, I assume that you could take 2.3 percent of 42,000 perhaps, and say that 2.3 percent of our total could be male nurses.

Mr. CLASON. As I remember, one witness testified that at the present time there were between forty-two and forty-three thousand nurses in the Army, that between four and five thousand more will be taken in, which brought it up to 47,000. The male nurses certainly could supply 3,000 more at any time the Army wanted to take them. That would bring it up to 50,000. The colored nurse personnel apparently has not been used to any extent as compared to the whites. They ought to be good for two or three thousand more, ought they not?

Miss DENSFORD. Well, certainly there are additional colored nurses that could be made available to the services. I understand, however, and you have the record here, that the Army and Navy are accepting those nurses.

Mr. CLASON. But in such low numbers that they are almost going backward.

Miss DENSFORD. I wouldn't be able to answer that.

Mr. CLASON. I think there are about 300, so far, after 4 years of war, which isn't what you could call moving very fast along that line.

Miss DENSFORD. No. I understand the 300 is in about the same proportion as the number of Negro troops in relation to the total number of troops.

Mr. CLASON. But the Surgeon General testified they are not using them solely for colored soldiers, that they are not using any discrimination at all toward them, that they are using them for white soldiers and in white hospitals; so that the idea of comparing them with the number of colored troops in and of itself denotes an improper discrimination against them, does it not?

Miss DENSFORD. I have no desire to discriminate. I am simply stating a fact in relation to the percentages. Personally, I think they could be used more effectively within the total picture of nursing than they have been.

Mr. CLASON. Well, then, between the colored nurses who have not been sought, and the male nurses who are available under existing law, and can actually be brought by induction anytime the Army wants them, and the four to five thousand who will undoubtedly come out of the applications already received, we ought to be able to attain the total number that should be reached to get 60,000, which is between six and seven thousand.

As I understand it, you believe that by the voluntary system now in vogue that number could be reached by July 1, isn't that so?

Miss DENSFORD. Not that is now in vogue, Mr. Clason.

Mr. CLASON. If properly set up, the voluntary system could be used.

Miss DENSFORD. That is right. We haven't said we could raise 60,000 by July 1. I doubt that.

Mr. CLASON. You don't intend to approach the male nurses at all, do you?

Miss DENSFORD. The male nurses?

Mr. CLASON. Yes. You don't intend to approach them at all.

Miss DENSFORD. We hadn't thought of them as a group specially to be approached, since they already are in the Army for the most

part—a good many of them—and they come in under the draft. We were thinking of the nurses who at present are not subject to the draft.

Mr. CLASON. Do you think you could get 55,000 by July 1?

Miss DENSFORD. I believe we could. That is a personal belief.

Mr. CLASON. That is based upon your figures here. So that all that is needed to be gotten by the Army, outside the voluntary, is 5,000, and with the male nurses and the increased use of colored nurses, it would be easy of attainment.

Miss DENSFORD. It sounds very easy when you say it.

Mr. CLASON. You make it very easy to get the 55,000 without the male nurses and the colored nurses.

Miss DENSFORD. No; we include the colored nurses when we are speaking of appealing to nurses on a voluntary basis.

Mr. CLASON. You do?

Miss DENSFORD. Yes. We speak of the colored nurse as the equivalent of the white nurse. There is no discrimination in our planning toward her.

Mr. CLASON. Now, as to the male nurses—first, where does the balance of the 87,000, out of which you expect to get 2,700 to 3,000, fit in?

Miss DENSFORD. I would hesitate to state the number, but certainly a sizable group can be procured, and, as I say, the president of that association will be able to answer that question more effectively.

Mr. CLASON. What your testimony adds up to is that up to the present time the War Department, through its vacillating policy and its failure to actually go out and get them through proper recruitment methods, has made it possible for them to be in a position where they say they need 18,000 at a certain time.

Miss DENSFORD. I would hesitate to say an estimate as to time. I think we are all familiar with the psychology of the American people. If the situation is made known to them, and if we have the conditions set out, I think we can get them.

Mr. CLASON. But the War Department is in charge of the policy, and if they had brought out the fact earlier that they needed these nurses, we would have been in position to get them months ago, would we not?

Miss DENSFORD. In much better position.

Colonel HAUCK. May I clear up that point? The War Department's requirements up to May 28, 1944, were 40,000 nurses. That was based on the strength of the Army and anticipated casualties under normal operations up to that time. We tried to secure those nurses through voluntary methods. We had 39,671 as of the last day of April 1944. On the 28th of April, in anticipation of the invasion of France and increased casualties because of increased combat in Europe, we raised our requirements to 50,000 nurses to be procured by the 31st of December, or an increase of 10,000, and the recruiting program was resumed at that time to procure them.

We then got a new estimate—that is, the total number of nurses to take care of our losses and a net increase of a little over 2,000—so that after December 31, 1944, we had 42,247 nurses; and at the time of the general's testimony before the committee, on the 19th of January, he stated he would estimate the requirements as 60,000 nurses

by July 1, 1945. At no time has the War Department cut back on its nursing requirements. We have merely increased our requirements on the basis of casualties and past experience.

The CHAIRMAN. But the invasion, and the counterinvasion by Rommel, didn't that bring about more casualties, which resulted in a necessary revision of your estimates upward?

Colonel HAUCK. Not specifically; but when you are engaged in active combat, which has been the case since D-day, the invasion of Europe, new attack on our side and counterattack on the enemy's side, it results in momentarily increased casualties, and that is figured over that long period of time on the basis of estimates. Our casualties have been increasing constantly, so that as of the 31st of December we had 333,000. There was an increase of over 270 percent in patients, and at the same time an increase of only 2,000 nurses over the number when there had been 200,000 patients.

Mr. CLASON. Am I to understand the War Department did not have a ceiling of 50,000, and that was cut back to 40,000 in January 1944, and then raised again in April?

Colonel HAUCK. No, sir; the ceiling was 40,000 up to the 28th of April, at which time it was raised to 50,000.

Mr. SHERIDAN. Isn't it true they started a program of voluntary recruitment and then abandoned it after it had been in effect 30 days?

Colonel HAUCK. What happened, Mr. Sheridan, was, as we reached our requirement in April, the recruiting methods were gradually relaxed.

Mr. SHERIDAN. Let us take it back to November. Back in November, didn't they abandon their recruiting program?

Colonel HAUCK. Not to my knowledge.

Mr. SHERIDAN. I want you to check on that. I believe they did.

Colonel HAUCK. I will be glad to do that.

The CHAIRMAN. They merely relaxed it.

Mr. CLASON. Did you understand, Miss Densford, that there was a ceiling of 50,000 up until January 1944?

Miss DENSFORD. Yes, Mr. Clason.

Mr. CLASON. Where did you get the idea that the ceiling for Army nurses was 50,000 at that time?

Miss DENSFORD. Well, my impression is that our information came through the Army to the Procurement and Assignment Service for Nurses of the War Manpower Commission to the profession of nursing, through our professional magazine, the American Journal of Nursing, and publications of our own.

Mr. CLASON. So that, as I understand it, you were striving to procure 50,000 nurses for the Army right up until January 1944?

Miss DENSFORD. Well, it would be about January. I think it was the latter part of 1943.

Mr. CLASON. And then, after that, were you told that there had been a reduction in the ceiling to 40,000?

Miss DENSFORD. The statement that came to us changing what we thought was the 50,000 quota was, I believe, issued in April. Actually it reached nursing headquarters about the 1st of May.

Mr. CLASON. That's all.

Mr. THOMASON. In view of our present tragic situation and our wounded men, all of that is more or less immaterial, is it not?

Miss DENSFORD. Certainly.

Mr. THOMASON. In other words, to use a common expression, isn't that all water over the dam, as to whether the War Department or the Congress or the American people made a mistake, when invasions and counteroffensives are accounting for thousands of our men? So don't we have to be realistic about this thing, in view of the statement just made by Colonel Hauck about the number of casualties and the alarming and tragic increase in our wounded men who must be taken care of?

Miss DENSFORD. That is right.

Mr. THOMASON. Regardless of what happens. Then if your very fine plan of working it out on a voluntary basis does not work—and thus far the Army and the Navy and the Veterans' Administration say it hasn't worked—isn't the only recourse that is left some form of compulsory selective service?

Miss DENSFORD. Yes, Mr. Thomason; you are quite correct. I would like to say the American Nurses Association considers nursing service for the military service, both Army and Navy, as its first priority and work toward that objective.

Mr. THOMASON. I am sure your organization feels that way about it.

Miss DENSFORD. That is correct.

Mr. THOMASON. We don't want to pick out only one group for drafting; but if you take the last four lines, in section 2 of the bill, and carefully study them—that is, the May bill—you will find the bill leaves it up to selective-service boards, local draft boards, if you please, to grant the same rights of deferment and everything else that they grant to the men. So I don't feel that there would be any inconsistency. The thing that concerns me is, in view of the statements made here by the Army and Navy, about the great increase in our wounded men, and that they all must have attention, and, further, when they say they are already overloaded, to hear that you have thousands of nurses all over the country who may be obtained and who cannot be obtained voluntarily. That just makes me think there is no other solution left.

Miss DENSFORD. As we see it, Mr. Thomason, there are two good ways of getting the nurses; the first one can be effective if we have all these factors. If that is not a possibility, to have them, then we are in entire agreement that we accept the draft as the only other suggested method.

Mr. THOMASON. Then you and I are in agreement. If it can be shown that you can get results by the voluntary method, I believe all of us are for that. But this problem must be solved; and if the voluntary method will not work out at an early date, then there is nothing else in the world left except some form of selective service.

Miss DENSFORD. And, Mr. Thomason, may I say that the voluntary method will not work as it is now set up.

Mr. THOMASON. I agree with you wholeheartedly.

Miss DENSFORD. It must be strengthened with these factors I have mentioned.

Mr. THOMASON. To use a common expression, there has to be teeth put in some kind of a law if we are to get these nurses to meet our needs.

The CHAIRMAN. You believe that with the present situation in the hospitals, which are crowded, all over the country, with 400,000 wounded men, there is any question of doubt that we ought to resort to a method that will get them the quickest?

Miss DENSFORD. Yes, Mr. Chairman.

Mr. MARTIN. Mr. Chairman, bearing on the background that led up to the compulsory feature of this proposed legislation, I would like to clarify a few statements here. To quote again here, from the testimony of Dr. Harvey B. Stone, by the assistant to the War Manpower Commission—and I quote from page 3 of his testimony:

So that there would be a complete roster of nurses, a national registration was planned for February 1944. All plans had been completed and publicity given to the registration when, on December 5, 1944, the Army found it necessary to lower the ceiling of nurses to 40,000, leaving only a balance of 3,500 to be recruited by June 30. The Office of War Information felt that it could not give publicity and national support to the registration on the basis of this small requirement and stated local communities were not in position to undertake voluntary registration without national publicity.

If we are going to have that sort of policy on the part of the War Department, I don't see how you can expect any voluntary system to be given a fair chance.

The CHAIRMAN. That is a question that we discussed. Thank you very much, Miss Densford.

Miss DENSFORD. Mr. Chairman, on Friday I asked if I might speak for a moment about the cadets coming into this picture, because there was a good deal of discussion concerning them. I wonder if I might have that privilege, whether the committee would be willing, since I do have the largest Cadet Corps in the country. I think I am in position to give you correct information regarding it.

The CHAIRMAN. Have you a written statement on it?

Miss DENSFORD. No; I have no written statement.

The CHAIRMAN. We will hear you, of course. We will give you about 5 minutes.

Miss DENSFORD. The Cadet Corps is very young, only a little over a year and a half old. It is designed to prepare professional nurses, and therefore takes longer than a year and a half. Up until recently we have told the cadets that 35 percent of them should go into the armed services, 15 percent of them should continue to study for supervisory, teaching, and public health positions, and that 50 percent of them should go into the essential civilian services.

The cadets have decreased the load of work on the graduate nurses.

Their being in hospitals has made it possible for graduate nurses to go into the armed services. I think also that they have, as the American Hospital Association has said, prevented the collapse, really, of civilian nursing as such, and if the drafting of cadets, as was suggested at our hearings recently, should be considered, it seems to me that it would not solve the problem.

The number of cadets graduating are 10,731, as I recall before June 30. If you discount that 25 percent for rejections on the basis of physical disqualifications, and so on, you would have something over 7,778 left, and that is only about one-third of what you really want for your complete armed services of 20,500.

I would like to substantiate my statement by giving you the results of a study which was made in our own State. Last spring we had a poll of the seniors in the State of Minnesota, and there were some 450 answers to this question: "What do you intend to do in relation to the armed services? Do you intend to enter the Federal service? What is your choice?"

About 45 percent of those young women, all of whom were in the senior class, said they intended going into the Federal service, meaning the military service.

Last fall we followed that up with a questionnaire to the seniors in our own school, and we have almost 1,000 cadets in the school, and of that fairly large number of students, 55 percent stated they intended to go into the military service.

On January 8, 2 days after the President's message, I made it a point to get into contact with the senior cadets in all of the agencies in which our students are receiving their nursing practice. I asked these cadets, not with any interpretation, the question as to whether "you would wish to go into the military service; what you plan to do when you finish, and so on." There were various questions, but that was one. Practically every one of these cadets indicated that she wanted to get into the military service. My belief is that the Cadet Corps is one of the finest things that Congress has given to the nursing profession and to the country as a whole, and I believe that you have there a group of women who are enthusiastic and eager, and that you should hesitate very much before doing anything that would lead to misunderstanding on the part of the cadets or their parents.

I believe that the cadets in my own school are typical of those over the country. They are not different. I think they will respond to the need almost 100 percent when they know it. I believe that there would be a great cutting off of the source of supply of young women going into nursing if there should even be a threat of a draft, because their parents, I believe, would have the reaction, "We will have our daughters go into some other field."

The CHAIRMAN. Thank you very much, Miss Densford. May I be permitted, on behalf of the committee, to say to you that we think your statement is very helpful and it will be read with interest. In addition to that, we feel that the nurses are doing a wonderful job, and you are doing a great and patriotic work.

Miss DENSFORD. It has been a great privilege, Mr. Chairman, to participate and have a part in interpreting this to a committee such as this, which has handled I think, most patiently and earnestly and in such an intelligent way the testimony which has been brought to you.

The CHAIRMAN. The next witness is Miss Anna Wolfe, of the National League of Nursing Education.

STATEMENT OF MISS ANNA WOLFE, SECRETARY, NATIONAL LEAGUE OF NURSING EDUCATION

Miss WOLFE. The National League of Nursing Education was established for the purpose of the promotion of education required for the practice of professional nursing. The league has a membership of nearly 8,000 individuals, all of whom are responsible for some aspect of nursing education, the majority of whom are professional nurses.

The National League of Nursing Education has approved in principle the draft of nurses as a first step in a national selective service act for women and a national service act for the civilian population.

The National League of Nursing Education has wholeheartedly supported the present Federal program for the increase of students

and the accelerated program in schools of nursing in order to provide more adequately for the military needs of the country as well as for the civilian population. At the present time there are 1,295 schools of nursing in the United States accredited by State boards of nurse examiners. As of January 1, 1945, it is estimated that between 135,000 and 140,000 students were enrolled. During the year July 1, 1943, to June 30, 1944, the number of students admitted to these State-accredited schools was 65,521. The number of students admitted in 1944 was 76 percent greater than the number admitted in 1940. The number of students enrolled in 1944 was 32 percent greater than the total number enrolled in the year 1940. The total number of students graduated in 1944 was 20 percent greater than the number which graduated in 1940.

It is obvious that the responsibilities involved in the administration of these schools and in the teaching of these students have been enormously increased during these years. The absolute essentials in maintaining a school are the number and quality of faculty in relation to the number and quality of students.

The student-recruitment program stimulated largely by the United States Cadet Nurse Corps has assured the schools of the country its large numbers and its quality of students. However, all evidence points to a marked reduction, quantitatively and qualitatively, in the administrative and teaching personnel in schools of nursing. The evidence of the American Red Cross Nursing Service, as given February 8, that 62 percent of the nurses assigned to the military are from institutions, supports this statement.

There is danger that some of the schools of nursing may close because of the inability to secure essential instructors. With the reduced personnel we are sure that the admissions to the schools may have to be curtailed even more than planned for 1945-46.

Since the President's message on January 6, 50 selected schools of nursing were asked to report on the number of resignations due to the message and the pending draft bill. Replies received from 46 of these State-accredited schools from various parts of the country show that these schools had 503 resignations, of which number 168 were from nurses in teaching positions. These same institutions reported 320 vacancies among the teaching personnel and 2,188 vacancies among other graduate nurses. It is reasonable for us to believe that these figures are indicative of changes which may have occurred in other schools of like kind throughout the country. These figures and data received indicate also that added responsibilities for patient care are being placed upon the student nurses whose supervision has been greatly reduced.

It is our conviction that a selective service of nurses would provide for an equitable distribution of nurses. Those classified as available and eligible for military would be required to serve in that capacity, and those classified as essential for education in civilian services could be retained.

Amendment of the Bolton Act in order to require graduates who are members of the United States Cadet Nurse Corps to enter the military services, would not meet the immediate needs of the Army and Navy, as can be shown by the following facts:

As reported by Dr. Parran, in the year 1944-45, there will be only 9,165 cadets in the graduating class. Some 4,000 of these will graduate this spring, and 2,300, it is expected, will graduate in June, the others having already graduated. In the class graduating in 1945-46, there are more than 25,000 cadets, of whom it is expected nearly 16,000 will graduate in the fall of 1945, some 6,000 in the spring of 1946, and almost 2,900 in June 1946. On the basis of the percentage of applications of graduate nurses rejected by the Army and Navy, 20 percent to 25 percent of the above members of the United States Cadet Nurse Corps would likely be rejected if they were drafted.

It is obvious that the immediate needs of the Army with a ceiling of 60,000 could not be met with these numbers of cadets available at the various times specified. Furthermore, if one group of nurses alone are required to serve the military, it would undoubtedly militate against voluntary enlistment of nurses already graduated who have been declared available and eligible by Procurement and Assignment Service.

It is our conviction, furthermore, that, if membership in the United States Cadet Nurse Corps is made contingent upon military service after graduation, the immediate effect upon enrollment in schools of nursing will be serious and will cause a marked reduction in numbers.

Such a situation would produce a disastrous condition upon those hospitals with which schools of nursing are a part, as they now depend upon student nurses for the maximum service to their patients, estimated at 80 percent—this, in light of the fact that these hospitals serve nearly 60 percent of the civilian patients of all non-Federal institutions.

The serious conditions prevailing in our civilian hospitals throughout the country because of the shortage and frequent absenteeism of subsidiary personnel was emphasized by Dr. Sneltzer in his testimony February 7. Because of these conditions, student nurses and the few remaining graduates in these hospitals must often carry domestic services in addition to their professional work. Nurse power is therefore wasted; shortage of nurse power is accentuated. For these reasons a national service act is advocated.

The directive of the Surgeon General of the Army to the service commands, to which Dr. Stone referred February 7, in which the service commands were informed that they might entertain the application of nurses irrespective of classification by Procurement and Assignment, was brought to the attention of the National League of Nursing Education. As a result of the deliberations of our board of directors upon this directive, a letter was sent to the Secretary of War by our president, in which a strong appeal was made to defer those nurses who hold essential administrative and teaching positions in schools of nursing in order that the schools can maintain a minimum staff to carry forward the educational program, upon which the future of nursing for military and civilian populations depends.

A copy of the letter sent by our president to Secretary Stimson will be filed with this testimony for the record.

(The letter is as follows:)

MASSACHUSETTS GENERAL HOSPITAL,
Boston, Mass., February 5, 1945.

Hon. HENRY L. STIMSON,

Secretary of War, War Department, Washington, D. C.

DEAR MR. SECRETARY: The National League of Nursing Education, which has in its membership nearly 8,000 nurses who are engaged in teaching and administrative work in schools of nursing and health agencies, and nonnurse members from the community who are interested in nursing, is gravely concerned with the present condition in our schools of nursing.

At a recent meeting of the board of directors there was read a copy of the directive from the Surgeon General of the Army to the commanding generals of the service commands regarding voluntary appointments in the Army Nurse Corps. It was noted with gratification that some provision was made for the deferment of essential members of nursing-school faculties. However, this board believes that there is need for further consideration of this matter and voted to respectfully submit for your consideration some facts which have a direct bearing on providing the necessary numbers of nurses for Army needs.

Unless schools of nursing can maintain the necessary personnel for the proper supervision and teaching of student nurses there is danger that the admissions to our schools of nursing may have to be curtailed. It has already been brought to the attention of this board that the admissions to schools of nursing for the first 2 months of this year have been curtailed because the teaching personnel has been reduced below the essential minimum due to military enlistments.

There are now 76 percent more student nurses in our schools than before the war with fewer teachers and administrative personnel to care for them. It is because of this large increase that schools of nursing have been able to supply nursing care for over half of the patients in civilian hospitals and to send senior cadets to the military hospitals in growing numbers. That these students have successfully shouldered such a large share of the Nation's civilian nursing and made a small contribution to military nursing is due to the efforts of nursing school teachers and administrators.

Because we believe that schools cannot go on admitting such large classes if the number of teachers and administrators is further depleted, we urge that a directive be sent to the commanding generals of the service command, placing greater emphasis on the need to declare as essential in her civil capacity any nurse who is engaged in the teaching or administrative activities in a school of nursing, such as directors of schools and nursing services, their assistants, teachers, supervisors, and head nurses.

Respectfully yours,

RUTH SLEEPER, R. N., President.

Miss WOLFE. In closing, I repeat, the National League of Nursing Education supports in principle a selective service act for women with a draft of nurses as the first step in order to meet military needs and a national service act to meet civilian needs.

The CHAIRMAN. Thank you very much, Miss Wolfe. It is a very five statement, and to the point.

Mr. MARTIN. I want to ask the witness; have you given any particular thought to the sequence of these various steps to the national selective service act for women? Is it necessary to take them one step at a time? Have you given any thought to the matter of segregating nurses and starting on them first?

Miss WOLFE. We said we favored the drafting of nurses for the first step.

Mr. MARTIN. When do you expect the next step?

Miss WOLFE. When it is found to be needed.

Mr. MARTIN. Isn't it needed now?

Miss WOLFE. I would think so, personally. I don't know that I am a qualified individual to answer that question.

Mr. MARTIN. You haven't given any thought to class legislation, in order to take that first step?

Miss WOLFE. I am sorry; I didn't understand.

Mr. MARTIN. You haven't given any thought to the constitutional prohibition against class legislation, in order to take these steps one at a time.

Miss WOLFE. I personally have given considerable thought to that, being a professional nurse. I feel it is not discriminatory. I feel it is an honor to be in a group needed by the military, and if we are needed to win the war, I think if we have to be drafted to be in the war, it is not a discrimination that is unfair.

Mr. MARTIN. I won't argue with you.

Miss WOLFE. That is a professional viewpoint.

Mr. MARTIN. My question is directed to the matter of class legislation in order to attain the objective one step at a time, and has nothing to do with the honor of wearing the uniform. It is an honor to wear the uniform.

Now, I would like to ask you what percentage of the nurses covered in your report are cadet nurses under Federal-aid.

Miss WOLFE. I believe Dr. Parran gave his report and specified the percentages in all schools of nursing of students who are cadets.

Mr. MARTIN. You don't have that?

Miss WOLFE. I don't happen to have it right here. I think I can say quite fairly our Cadet Corps in schools today is about 80 percent of the total number, and it is increasing with the demands.

Mr. MARTIN. About 80 percent—

Miss WOLFE. Of the total number of students.

Mr. MARTIN. You make one very good point in here, and I have a great many letters bearing on this matter. I suppose all your schools of nursing are assuming an alarming situation now. Isn't there some other approach or some other way that we can restrict the wholesale resignations from your staffs of instruction without going to a draft of all nurses?

Miss WOLFE. Moral suasion has been the method used up to this time. I don't know, unless there can be legislation.

Mr. MARTIN. Maybe the officials could follow a practice of not taking those key nurses into the armed forces when they are so badly needed. That wouldn't take legislation.

Miss WOLFE. That is the point we made with the Army and Navy—don't take them.

Mr. MARTIN. That is a part of the program for Army and Navy recruitment that could be handled quite separate from the draft issue.

Miss WOLFE. It has been up to this time, to a great extent.

Mr. JOHNSON. In your statement, Miss Wolfe, you mention the fact that we would not be able to acquire the 60,000 nurses that were needed from the cadets now in training. Tell us about the possibility of changing your rules, relaxing things so that we can get more nurses into service.

Miss WOLFE. May I ask what rules you are referring to?

Mr. JOHNSON. Well, they don't take married women, for instance.

Miss WOLFE. Who don't take married women?

Mr. JOHNSON. The Army doesn't.

Miss WOLFE. Oh, yes, I am sorry; the Army does take married women.

Mr. JOHNSON. Do you think you can relax your rules at all about nursing, about the length of training, for instance?

Miss WOLFE. We have already relaxed that. We have changed our training period in the Cadet Corps to 2 to 2½ years, with the State laws, in many instances, requiring 3 years. That is why we have our senior cadet period at the end. That is one of the ways we have to handle it. That has already been cared for.

Mr. JOHNSON. Are there any other easing up of rules that you might make in order to get nurses?

Miss WOLFE. I don't believe—

Mr. JOHNSON. What about the physical requirements?

Miss WOLFE. The physical requirements are not too high for the rigorous life those nurses are living. I think that any one of us would know that.

Mr. JOHNSON. Have they been changed at all?

Miss WOLFE. I should think the Army or Navy could answer that better than I.

Mr. JOHNSON. There has been discussed here a lot about colored nurses.

Miss WOLFE. I was discussing the question of the total number of colored nurses that might be eligible for military service out of that figure of 9,000 given you. It is estimated that perhaps 2,000 would be eligible and available. How many of the 2,000 under a voluntary system would apply is unknown. That would not meet the minimum requirements.

Mr. JOHNSON. Do most of the civilian hospitals bar colored nurses from treating patients?

Miss WOLFE. Civilian hospitals bar colored nurses? For what purposes?

Mr. JOHNSON. For the practice of nursing.

Miss WOLFE. The practice of nursing?

Mr. JOHNSON. Yes.

Miss WOLFE. I don't know that they bar colored nurses for the practice of nursing.

Mr. JOHNSON. Over in Baltimore, for instance, are they barred from practicing in civilian hospitals?

Miss WOLFE. I don't know that there has ever been a statement that I have seen that they are barred.

Mr. JOHNSON. Do you know of your own personal knowledge—you live in Baltimore?

Miss WOLFE. I live in Baltimore, yes.

Mr. JOHNSON. Do you have any personal knowledge that they are barred?

Miss WOLFE. I don't have that information.

Mr. JOHNSON. Are they barred from serving in hospitals containing white soldiers?

Miss WOLFE. I think the Army can best answer questions with regard to the placement of Negro nurses.

Mr. JOHNSON. You are devoting your life to nursing; don't you know that?

Miss WOLFE. I am devoting my life to nursing, but I am not assigning nurses in the hospitals.

Mr. JOHNSON. I am asking about civilian hospitals.

Miss WOLFE. I can't give you the number of accredited colored nurses who are serving in civilian hospitals.

Mr. JOHNSON. Is there discrimination against these people going to places, where they are properly trained, to serve white people? Are they turned away, and therefore they have no use for their knowledge?

Miss WOLFE. I wouldn't believe they are discriminated against. There have been a great many—and there are now, I think, 32 schools of nurses established and some 26 others that are taking in colored women for training.

Mr. JOHNSON. That is training; what about practicing?

Miss WOLFE. There are only a few of those ready for practice. There are only 9,000 in the country. I don't know that they are unoccupied, unemployed. I haven't had such word. So far as I know, all nurses are employed.

Mr. JOHNSON. Is there any other potentiality or possibility in the changing of rules, relaxation of requirements, that would enable us to get more nurses than those you have mentioned?

Miss WOLFE. Into the Army?

Mr. JOHNSON. Yes.

Miss WOLFE. I don't know of any changes in regulations and rules. There is the possibility of the use of male nurses, as Miss Densford touched upon. That is one possibility about the regulations in relation to standards of nursing and in relation to the use of colored nurses.

Mr. JOHNSON. Are married persons allowed to serve in the Veterans' Administration?

Miss WOLFE. Oh, yes; quite.

Mr. JOHNSON. That's all.

The CHAIRMAN. Thank you.

Mr. CLASON. As I understand, of the cadet nurses, 4,000 will graduate this spring, 2,300 in June, and 16,000 this fall. That will be 22,300 nurses in those three groups. How many of those do you expect will go into the armed services?

Miss WOLFE. From the data which Miss Densford just gave you, it is evident a very large proportion will go, and from my own figures, in my own school, we know that we should have a very high percentage. I should like to say that actually it is the married women who are not going in, in my figures. I don't know whether that is the case with Miss Densford.

Mr. CLASON. In other words, as you see it, these single girls who are nurses are practically all ready to go into the services, if they can meet the requirements?

Miss WOLFE. If they can meet the requirements, physical and otherwise.

Mr. CLASON. And you have stated that 25 percent fail for physical disqualifications.

Miss WOLFE. Yes.

Mr. CLASON. And you feel that out of these 22,300, assuming there are 6,000, which is about 25 percent, fail for physical disqualification, then there would be 15 to 16 thousand of them available for the Army in 1945.

Miss WOLFE. You are speaking now, if they are required to go?

Mr. CLASON. No, no; on a voluntary system.

Miss WOLFE. Well, if you are going to take 100 percent of them, I don't think 100 percent will apply. You can't count on 100 percent applying.

Mr. CLASON. How many would you say?

Miss WOLFE. Well, I think if you would take off your 25 percent for health—

Mr. CLASON. Yes.

Miss WOLFE. The way in which the younger women are marrying now, and the way in which I know they will not go into the military, if they marry, you would have to take off, I believe, at least another 20 percent. So you get your figure down to around 50 or 60 percent of that group of those who might go in. Now, then, you have in addition to those two figures, you have the objections of brothers, friends, sweethearts, saying, "Don't go into the military." That precludes quite a number from going in. They are writing in here from the field of battle, and in one paragraph they will say, "My buddies have been killed; it is a most horrible thing. We need nurses." In the next paragraph those same men will say, "But I don't want you to come." That is a very, very serious matter. In addition to that, we do know that some of the nurses that are still in the military service abroad are writing back, "We are not kept as busy as we should be. You at home are much busier than we." That is a great problem of distribution of the Army, because they have to have people placed where they may be needed, not just where there is need, and those people write back. We have reason to feel, in the recruitment of nurses for the Army—and I speak now both as the director of a school, and I have also had experience as chairman of a recruitment committee—that these cases that I have mentioned are two of the major reasons why these young women do not go in.

Mr. CLASON. To get back to my question, of the 22,300 that you have—

Miss WOLFE. If you get 50 percent of that group you would be doing very well, on a voluntary system, with the problems I have just mentioned.

Mr. CLASON. That would be at least 11,000 out of this number of nurses.

Miss WOLFE. Yes; but that in no way covers the need.

Mr. CLASON. How many have we got in the Army now, between 40 and 42 thousand?

Miss WOLFE. We have almost 52,000 now. We have that ceiling raised. We haven't yet learned when the 60,000 will be needed for the Army. We have a figure of attrition that has not been included in the figures; we also have a figure for the Navy.

Mr. CLASON. The Navy has already told us what their needs are—100 a month from now on.

Miss WOLFE. About one-quarter of these cadets will apply for the Navy, so you can cut down the figure for the Army by one-quarter.

Mr. CLASON. After July 1, they are only going to take 100 a month. How can you disturb that figure there?

Miss WOLFE. I am speaking on a voluntary basis—about one-quarter will apply for the Navy.

Mr. CLASON. But if they can't get in, they will have to go to the Army, will they not?

Miss WOLFE. Not unless there is a draft. Women still do as they please.

Mr. CLASON. Then as I see the picture, these cadet nurses all want to get in the military, and at least 50 or 60 percent are going, and then you tell us they won't go in unless they are drafted, or unless they can get in the Navy.

Miss WOLFE. I can only speak from the experience I have had, in that of the applications on a voluntary basis, about one-quarter of the students apply for Navy. That one-quarter does not change over to the Army, necessarily. I wish they did.

Mr. CLASON. Were they turned down by the Navy?

Miss WOLFE. Not necessarily; they will wait until they get an appointment in the Navy. The Navy will still have its appeal.

Mr. CLASON. I will go back to my original question. If there are 22,300, do you still go on the theory of that number between 50 and 60 percent will, on a voluntary basis, enter the armed services?

Miss WOLFE. They may apply. You see there is a lot of difference between application and assignment. There is a tremendous difference between applying for something and finally being assigned to that position. Those figures were all given by Miss Densford the other day—a great difference.

Mr. CLASON. I thought you had already discounted 25 percent as not being physically able to get in. Now, if between 50 and 60 percent apply, and they are physically qualified and they are accredited, registered nurses, and the Army has need of their services, they will all go into the Army, will they not, or into the military service?

Miss WOLFE. One quarter of them, as I stated, will apply for the Navy; and you cannot count on that group transferring their applications to the Army. It has not been found so.

Mr. CLASON. Then, as I say, if 25 percent are out for disability, 20 percent are out for other reasons, and then of the 50 to 60 percent, about 12 to 15 percent will say, "I am going into the Navy, or not at all—"

Miss WOLFE. Twenty-five percent; one-quarter of the applications have been going to the Navy.

Mr. CLASON. Yes, but one-quarter of the 50 or 60 percent would be 12 or 15 percent. That brings us down to around 25 percent for the Army, would you say?

Miss WOLFE. If I followed you.

The CHAIRMAN. She agrees with your statement.

Mr. CLASON. Yes, but I want her figures. I don't want to be testifying. I want to know from her about how many will go into the Army.

Miss WOLFE. If you are speaking of only the Cadet Corps, the Cadet Corps, we believe, will have approximately 25 percent rejected because of health; there will probably be another 20 to 25 percent not apply because of the reasons I have stated—parental objection, or more particularly the objection of fiancees, husbands, and friends. Then you get down to around 50 percent of the total group. Of that 50 percent, you will have one-quarter of the 50 percent going into the Navy.

Mr. CLASON. How many going into the Army; that is what I want to know.

Miss WOLFE. If you take that figure—with what figure did you start?

Mr. CLASON. I started with what you say the figure for cadet nurses will be.

Miss WOLFE. No, I mean what date—I am sorry.

Mr. CLASON. The year 1945.

Miss WOLFE. For the year 1945, we will accredit among the Cadet Corps, 6,300, and we will have another 16,000 in the fall. We will have a possibility of 11,000 for the Army and Navy, and one-quarter of that number, which is around 3,500, will apply for the Navy. You will get about 7,500. It doesn't quite fill the need, so far as I can recount.

Mr. CLASON. About 7,500 on a voluntary basis?

Miss WOLFE. I would think very definitely you would get that on a voluntary basis, but you must remember the 16,000 do not graduate until fall. They will have to take their State examinations, which means they will not be available for service until around November and December.

Mr. CLASON. They would be available.

Miss WOLFE. However, the Army said they needed 10,000 by January of this year. We are talking about the minimum needs of the Army now, not next December. That is why I have given these figures broken down as I have.

Mr. CLASON. That leaves us with 7,500 who will graduate in 1945.

Miss WOLFE. If my suppositions are correct, but the majority of these 7,500 will not be available for military service until next November.

Mr. CLASON. There will be 7,500 altogether; we are agreed on that?

Miss WOLFE. At the end of 1945. We are talking about the immediate needs of the Army. At least, that is what my thought was.

Mr. CLASON. That 7,500—for the immediate needs. How many nurses have we got now in the Army?

Miss WOLFE. In the Army alone?

Mr. CLASON. Yes.

Miss WOLFE. I think it is 42,000. That is from the figures of the Red Cross. I quote from them. Those figures were given last week. All I can do is refer to them and give them to you.

The CHAIRMAN. The Surgeon General gave us those figures.

Mr. CLASON. In other words, you don't know what the needs of the Army are at the present time?

Miss WOLFE. Yes; we have been told the ceiling is 60,000, and we have to get, of that number, about 20,000 more for the Army.

Mr. CLASON. If it was testified to here that the figure was between 42 and 43 thousand in the Army, and there were already on file applications of between 9 and 10 thousand, of which it was expected between 4 and 5 thousand would be processed and actually in the Army, then we would have 47,000 nurses already available.

Miss WOLFE. In the Army.

Mr. CLASON. How many would you expect to get from the Negro group?

Miss WOLFE. We just quoted a figure of 2,000 possibly being eligible.

Mr. CLASON. That makes 49,000. How many would you expect to get from the male group?

Miss WOLFE. I don't know, because they have about 8,000 and some of those are already in the Army. I don't know what percentage is in the Army.

Mr. CLASON. Now, if we take these 7,000 in 1945, by the voluntary method, at the end of 1945 we would have that 60,000 without taking a single nurse—

Miss WOLFE. There is a big jump from 7,500 which we figure as the number of cadets graduating and qualifying for the Army at the end of 1945 and the figure we have been given by the Army and Navy. And most of these 7,500, I wish to repeat, graduate in the fall of 1945.

Mr. CLASON. You think, then, if 7,500 out of the 22,300 cadets in the year 1945 are willing to go into the Army, that that is a pretty poor record for those nurses to show as to their willingness to go into the Army?

Miss WOLFE. It is the record, under the voluntary system, that I think we can expect.

Mr. CLASON. And would you say it is a good record?

Miss WOLFE. It is very good in relation to what we are trying to do by voluntary means. That is the whole point of my argument. I think the voluntary method has not gotten us the number we need.

Mr. CLASON. Do you believe we should have a provision that any girl who comes in as a cadet nurse ought to be liable to military service in time of war or emergency in the United States? Would you think that would be helpful in securing a larger number of cadet nurses in the Army in time of need?

Miss WOLFE. I think it would not get any more in. I think the effect would be that you would reduce your recruitment to the schools of nursing under the Cadet Corps very markedly. You would also reduce the number of enrollees of cadets now in the schools, because you would have to give them the privilege, because you are a just Congress, of making a choice as to whether they wished to stay in the Cadet Corps under such a provision, which they did not enter under.

Mr. CLASON. In time of war that is quite often done—we change contracts quite frequently.

Miss WOLFE. Yes.

Mr. CLASON. Wouldn't you think that would have a considerable influence in getting a larger number to remain in the Army?

Miss WOLFE. I think it would not only affect that group; I think it would also preclude practically the voluntary enlistment of cadet nurses who have already been declared available and eligible for the military.

Mr. CLASON. Do you have colored nurses at Johns Hopkins Hospital?

Miss WOLFE. No, we do not have colored nurses at Johns Hopkins.

Mr. CLASON. That is all.

The CHAIRMAN. Thank you very much, Miss Wolfe.

The next witness is Mrs. Mabel E. Staupers, of the National Association of Colored Nurses.

STATEMENT OF MRS. MABEL K. STAUPERS, EXECUTIVE SECRETARY, NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES

Mrs. STAUPERS. May I state that the National Association of Colored Graduate Nurses is composed of Negro registered nurses who are also members, in 34 States, of the American Nurses Association, and that our members who teach in schools of nursing may join the National League of Nursing Education and that our nurses who are Public Health nurses are eligible for the National Association of Public Health Nursing.

Our position here today is to bring to your attention some of the reasons why we believe you should know more intimately some of the things we think about the Negro nurse on the whole Army question, and the Veterans' Bureau. I begin my statement by saying that now that Surgeon General Kirk, according to the New York Herald Tribune of Saturday, January 20, 1945, has stated before the House Military Affairs Committee "We are accepting every Negro nurse who puts in an application and meets the requirements." We believe it is important to bring to the attention of interested organizations and individuals that schools for Negro nurses are accredited in the same manner as schools for white nurses.

There are 28 schools for Negro nurses, located in several States. These schools must meet all the requirements set up by State law for accreditation. Graduates from these schools take the same State board examinations as white nurses; there are no separate standards for the education or registration of Negro nurses in the United States.

According to Col. Florence Blanchfield, nurses coming from schools not meeting the 50-bed-minimum requirement of the American Red Cross but who have taken additional post-graduate courses and have had additional experience, are considered on the merits of each individual case. More than two-thirds of the schools for Negro students only are over 50-bed capacity. There are at least 36 schools accepting Negro and white students. Among those which have graduated Negro students previous to 1944 are such schools as University of California, University of Minnesota, Los Angeles County Hospital, Cleveland City Hospital, Buffalo City Hospital, Boston City Hospital, Cambridge City Hospital, and the New England Hospital for Women and Children.

According to the American Journal of Nursing, as of September 1944, 2,000 Negro cadets were in schools of nursing. This represents all but 500 or 600 of the total number of young Negro women enrolled in schools of nursing. Sixteen hundred of these cadet nurses are studying in 20 all-Negro schools, the remainder are enrolled in 22 participating schools having both white and Negro students. One year after the inauguration of the corps, 42 schools of nursing are preparing these young women to provide skilled nursing power for civilian and military services.

In 1943, 32 State-accredited schools of nursing admitted 1,918 Negro students. Of these 32 schools, approximately 10 were receiving Federal scholarship aid, which might account for a 21-percent increase in Negro students in the same number of schools in 1942-43. By 1944, however, with the United States Cadet Nurse Corps entering

its second year, a survey shows that the full Federal nurse education scholarships offered by the corps has boosted enrollment figures 10.9 percent in 22 of the schools admitting Negro student nurses. Enrollment in the all-Negro school of nursing of Freedmen's Hospital, Washington, D. C., shows a dramatic increase: 1939, 77 students; 1942, 78 students; 1943, 116 students; 1944, 166 students.

This rapid expansion of the student body is repeated in other Negro nursing schools throughout the country. Only the wartime difficulty of securing adequately prepared instructors and supervisors as well as housing and clinical facilities have prevented Negro enrollment from climbing still higher.

On recent inquiry from the United States Cadet Nurse Corps it was found that the only governmental facility open to senior Negro cadets was at the veterans' facility, Tuskegee, Ala. We understand that senior cadets are being used in military hospitals; however, we know of no military hospitals which have accepted Negro cadets, not even in the Second Service Command, which includes New York and where Negro and white students have for a long time been trained together.

In many instances nurses tell us they have never been classified. Since classification is done on a local level, local practices have been a factor. I have been told since, by Procurement and Assignment, that these young women are classified on a national level. However, we do know in some States where there are racial barriers that our Negro nurses were asked to do their own classification, which we do not think was fair, and in many instances they have not been classified in the same manner. But that has been taken up by Procurement and Assignment and is no longer the case now. However, we want that brought into the record, because if there is a bill of any kind set up, we want to say that these local levels should be strengthened by some kind of a set-up where qualified Negro nurses can give them help on how those nurses should be assigned.

Nurses are still coming into our office to ask what they can do to change their classification from III-A, when they know by comparison with the white nurses in the institutions where they are employed, that they belong in I-A as eligible to the military services. We believe that now these blockings have been brought to the attention of Procurement and Assignment that this situation will no longer stand between the availability of qualified Negro nurses to the military services.

Recently a survey was made of the 28 nursing schools for Negro students to find the number of students graduating since 1940. We received replies from 24. These schools have graduated 2,014 students. A majority of these young women should have been classified I-A and eligible for service.

As recently as January 15, the American Red Cross stated that the Navy would not accept Negro nurses. Now that Admiral Agnew has stated at the Times Hall meeting of January 25, that qualified Negro nurses will be accepted into the Navy, we want to reemphasize that the same statement regarding the qualifications for Negro nurses in the Army Nurse Corps holds true for the Navy Nurse Corps.

Since we understand that it is the responsibility of Procurement and Assignment to send the names of eligible Negro nurses for the military services to the American Red Cross, this organization and its

lay advisers are wondering whether there is a separate system for sending up the names of Negro nurses. If the Army or the Navy had been getting these names in routine fashion, it would appear that more than 308 Negro nurses would have been found as qualified.

The need of the Veterans' Bureau for nurses has been stated in the press, however, according to letters coming into our office, Negro nurses are being told that their services are limited to the facilities at Tuskegee, Ala., Oteen, N. C., Waco, Tex., and Kecoughton, Va.

Since our soldiers and our veterans have not too long been removed from civilian life, and since the pattern of nursing care in this country, even before the war, was not restricted to race, we believe that the American soldier would welcome care, regardless of race.

The National Association of Colored Graduate Nurses is recommending that any bill for the extension of selective service to include the drafting of nurses be amended in order that the service to American soldiers be placed on the basis of need for nursing care and not on the basis of limitations because of race, color, creed, or national origin.

May I state in relation to the Nurse Corps that we would take the same position as Miss Wolfe. I don't believe, with the discrimination practiced now in American hospitals, in any existing schools, that there should be any change in the way the cadets are taken into the corps. I would not sacrifice racial consideration for the kind of thing that is happening now. We are not in that position. We are in the position of stating that many students would not go into the schools of nursing if there was any change in the Bolton Act.

The CHAIRMAN. Thank you very much; we are glad to have your statement.

Mr. CLASON. Do you feel able to answer questions?

Mrs. STAUPERS. Well, I will try.

Mr. CLASON. Do you believe if any legislation is made for drafting, it ought to contain a provision that will prevent any racial discrimination?

Mrs. STAUPERS. We believe any bill drafted should carry such a provision.

Mr. CLASON. And that there ought to be a provision in any bill to provide in regard to qualifying nurses that the same standards should be used and the same methods for determining eligibility of Negro nurses as for white nurses?

Mrs. STAUPERS. Yes; because at present Negro nurses are accredited in the States and take the same registration examinations. We don't have as many schools as there are for white nurses, but more and more an increasing number of schools for white nurses have accepted Negro students.

Mr. CLASON. What I was wondering is, on this qualifying, I doubt if many members of the committee are informed. I was wondering if you could furnish the type of provision which you think could be inserted into the bill which would meet the requirement which you ask for.

Mrs. STAUPERS. I would say that all registered nurses, regardless of race, because registered nurses have to, as I say, meet the same qualifications for registration. A Negro nurse cannot register in Massachusetts any different from a white nurse and neither can a Negro nurse register in Florida any different from a white nurse; and may I say in Florida, Maryland, and Delaware, recently, our Negro nurses

were admitted to the State associations, and that there are no racial barriers in those three States, and other States in that area are beginning to consider following the same practice.

Mr. CLASON. How many nurses have you got in the colored race?

Mrs. STAUPERS. We approximate 9,000. To be very accurate, accounting for the 6 percent that may drop out, we estimate 8,000, and I would also say that the 2,000 that we canvassed, inquired about, in the dates between 1940 and 1945 would be people eligible for armed services now. Beside the fact that some of those who graduated 5 years before them would also be under 45.

Mr. CLASON. Can you tell us whether or not, of your own knowledge, any colored nurse has been prevented from joining the armed services, or has been discriminated against?

Mrs. STAUPERS. Well, there have been letters sent to Negro nurses stating that the Army did not have any place for them at that time. We understand from the Surgeon General that that is to be changed, and we will take that on good faith until we find out differently. That statement was made on the 20th of January. But it has happened. And the Navy, as I said before, does not accept Negro nurses yet. They say now the qualifications are the only thing that prevented them from getting in. That is why I am stating to this committee that the qualifications for Negro nurses and white nurses are the same.

Mr. CLASON. What proportion of the 9,000 nurses, eliminating those that would be disqualified for physical disabilities, do you believe would be available and would voluntarily go into the Army?

Mrs. STAUPERS. We have some figures which we have turned over to the secretary of the committee. There would be about 2,000. That has been worked out by the National Nursing Council for War Service. Our organization is a member of that council.

Mr. CLASON. You would expect those 2,000 to enter the service?

Mrs. STAUPERS. We believe they would. In the beginning they were eager and ready. Since this list began going through there was a slackening down, but since I understand the enrollment has been increased—to what number I can't tell you—some of them have gone directly to recruitment stations set up by the Army.

Mr. CLASON. You believe that the Bolton Act has been of tremendous service to your people?

Mrs. STAUPERS. Absolutely.

Mr. DURHAM. Wasn't the cause of some of these disqualifications you speak of the 50-bed limitation?

Mrs. STAUPERS. We have some 1,400 hospitals of 100 beds and over for Negro and white students, and of this number 28 accept only Negro students. Then there are these 30 or more schools for Negro and white students that accept Negro students. Whenever we approach a school to ask it to accept a Negro student, we certainly approach the best schools. We don't approach the 50-bed schools, because it would lower our standards.

Mr. DURHAM. You can do that in good hospitals?

Mrs. STAUPERS. You mean the 50-bed?

Mr. DURHAM. Yes.

Mrs. STAUPERS. Oh, yes; and some of these hospitals have affiliations for their students. For example, the Tuskegee.

Mr. DURHAM. They have affiliation, but the only limitation—

Mrs. STAUPERS. I would say this, that only about 6 out of the 28 Negro schools are of the 50-bed class.

Mr. DURHAM. How many?

Mrs. STAUPERS. About six.

Mr. DURHAM. Over the whole United States?

Mrs. STAUPERS. Those are in the 50-bed class; the others are between 50 and 100, and 14 are 100 and over. We checked that very carefully as soon as this committee planned these hearings.

The CHAIRMAN. Thank you, Mrs. Staupers. The committee will be in recess until 2 o'clock.

(Whereupon at 12:35 p. m. the committee recessed until 2 p. m.)

AFTER RECESS

The Committee on Military Affairs met, pursuant to notice, at 2 p. m., Hon. Andrew J. May (chairman) presiding.

Present: Representatives Holifield, Roe, Martin, Fenton, Johnson, Pinero, and Rogers of Massachusetts.

The CHAIRMAN. Will you come around, Sister Olivia, and present your statement?

STATEMENT OF SISTER OLIVIA GOWAN, NATIONAL NURSING LEAGUE ORGANIZATION

Sister OLIVIA GOWAN. Mr. Chairman and members of the committee, I appear to speak as a representative of the National Nursing League Organization, an organization which, for 50 years, has aimed first, to assist schools in the work of nurse education; second, to provide better nursing service to the public; and, third, to aid graduate nurses to secure the postgraduate training required for the various fields of head nursing, teaching, supervision, and administration.

All nurses now in the military services are graduates of nursing schools which have depended upon the league for guidance and educational assistance.

Regardless of the method adopted after all testimony has been heard, it is imperative to secure proper selection and distribution of graduate nurses to fill essential positions and to maintain at least a skeleton nursing service and teaching staff, in the schools of nursing throughout the country.

It has been stated that, since the beginning of the war, student enrollment has increased 76 percent in the 1,295 State accredited schools of nursing. During the same period, the number of graduate nurses responsible for teaching and supervision of student nurses has, in many cases, been seriously depleted, due to military service demands, marriage, illness, and other reasons.

Three thousand one hundred and ninety-seven unfilled vacancies in schools of nursing personnel, that is, head nurses, supervisors, teachers and administrators, were reported as of January 1944. During the past year, this number has increased. As pointed out by Dr. Parran, on last Tuesday, student nurses are depended upon for 80 percent of nursing service given to patients in our hospitals. This is a war measure required because only a very small number of graduate staff nurses have remained at hospitals for general nursing service.

Before long, if it is not already true, hospitals will depend almost entirely on students for the nursing care of all patients.

As graduate nurses are withdrawn, it is important to expand student programs in order that more students may be admitted.

Such expansion can be made possible only by providing for additional instruction and clinical experience, in psychiatric, tuberculosis, orthopedic hospitals, and other community health agencies. There is a marked dearth of clinical instructors and supervisors in all of these fields, especially that of psychiatry, and I am presenting a letter for the record, on the need of psychiatric nurses.

There is great danger that the educational structure upon which nursing depends for the constant supply of graduate nurses will be broken down, unless some postgraduate preparation can be continued.

When the war began, postgraduate courses for the preparation of administrators and teachers covered a period of 1 to 2 or more years. This time was shortened to prepare needed personnel in the shortest possible period. In addition, brief, on-the-job courses were conducted to help poorly prepared head nurses, teachers, and supervisors. It is obvious that the majority of teachers and nursing service personnel cannot be prepared in this matter if we are to continue to give safe nursing care to the military and civilian population.

When the recent publicity was given to the possibility of a draft bill, many graduate nurses, who were pursuing advanced study for essential positions in schools of nursing, withdrew. Some dropped out voluntarily, because of their patriotic desire, to take care of the armed forces, and others because they were reclassified by Procurement and Assignment as available for military service.

Many more desire to withdraw, and if this happens, there will be no reservoir replacements in schools of nursing. Since the President's message on January 6, schools, training teachers, and other nursing school personnel were asked to report drop-outs due to Procurement and Assignment reclassification, and the pending draft bills. Replies received from 32 of the 40 institutions, offering post-graduate programs, show a drop-out of 223 teachers alone, 153 of these with full-time students. That was in 1 month's period.

In conclusion, if legislation for equitable distribution of nurses seems necessary, the National League of Nursing Education wishes to recommend that the following be considered in the writing of regulations for the administration of the law.

First, provision for the retention of a minimum of essential qualified personnel in schools of nursing.

Second, provision for maintaining a constant, but small, flow of graduate nurses in postgraduate courses.

The CHAIRMAN. Sister Gowan, have you read this bill, H. R. 1284, carefully?

Sister OLIVIA GOWAN. Is that the May bill or the Rogers bill?

The CHAIRMAN. That is the May bill.

Sister OLIVIA GOWAN. Yes, sir; I have read it.

The CHAIRMAN. You understand, of course, that it merely places under the provisions of the existing selective-service law, all registered nurses between the ages of 18 and 45?

Sister OLIVIA GOWAN. Yes, sir.

The CHAIRMAN. And makes them eligible for registration, selection, and induction just as the men are taken into the Army now?

Sister OLIVIA GOWAN. Yes, sir.

The CHAIRMAN. Is that your understanding?

Sister OLIVIA GOWAN. That is my understanding; yes.

The CHAIRMAN. Do you not think that the Selective Service System can properly take care of the question of keeping the schools going by deferments on the ground that they are essential to those places, and likewise, to take care of any deferments for civilian hospital needs that exist throughout the country?

Sister OLIVIA GOWAN. I would think that that would be true if it were before the committee that drew up the regulations, that they considered it as being important.

The CHAIRMAN. Yes. In other words, if the selective service local boards approached the matter intelligently, as I am sure they will, and impartially, there should not be any chance for discrimination between the various personnel and the registered nurse group.

Sister OLIVIA GOWAN. That would mean the selective service, according to the bill.

The CHAIRMAN. Yes.

Sister OLIVIA GOWAN. Yes; I think it could be done. I think it is very important to have an orderly system of the assignment of nurses to various categories.

The CHAIRMAN. What they would do with these nurses would be exactly the same as they do with men that they now secure for induction into the Army. In other words, they would register them. They would then get the history of their experience, their background, their qualifications, and then induct them either into the military service, the Army Nurse Corps, or into some civilian hospital, with a deferment for that purpose. They could not induct them into civilian hospitals, but they could use the deferment prerogative to take care of those situations. That is my understanding of what the provision means. Do you agree with that?

Sister OLIVIA GOWAN. I agree that it is necessary, and I thought that it would be implied in the bill, but I did not know just how it would be carried out. I would not be in a position to know that.

The CHAIRMAN. In other words, you do not know about the administration of it?

Sister OLIVIA GOWAN. No, sir.

The CHAIRMAN. But you do think that under existing conditions, with more than 400,000 wounded men in the hospitals all over the world, and in this country, in addition to the Veterans' Administration, that we should have a selective-service system and induction under the provisions of the selective-service law, do you not?

Sister OLIVIA GOWAN. Yes; not only for the military service, which is very important, but also for the civilian population. I have come before the committee particularly to speak for the maintenance of the personnel in schools of nursing and hospitals, such as head nurses, supervisors, teachers, and administrators, and I also feel that it is necessary that a small but continuous number of graduate nurses be deferred for postgraduate study to prepare for those positions.

The CHAIRMAN. Yes. I had reference to deferments under this particular provision under this bill. Mr. Johnson.

Mr. JOHNSON. I would just like to ask one question along the line that the chairman has been speaking of. You probably realize that under the law the Director of Selective Service would make rules and regulations?

Sister OLIVIA GOWAN. Yes, sir.

Mr. JOHNSON. He would call in, to advise him on this matter, an expert in nursing problems, some leader in the nursing organization or some noted person in the nursing profession. Would you have enough confidence in that type of person to realize that they would understand your problem as well as the broader one of getting the nurses for the armed services and for the civilians?

Sister OLIVIA GOWAN. I would, if that person were selected with professional advisement.

Mr. JOHNSON. I think you can bank on this, that the Director of Selective Service, who is responsible for the correct administration of the law, will pick out the person he thinks is best to advise him on all of these problems, and do you not think that the rules then would take into consideration the needs of your group for training young nurses and new nurses to offer a flow of nurses into the profession as well as the other problems concerned?

Sister OLIVIA GOWAN. I would, Mr. Johnson, except I would be a little concerned about the person who was selected, unless the nursing professional groups were brought very definitely into the picture for advisement.

Mr. JOHNSON. I realize that. But do you not think——

Sister OLIVIA GOWAN. I think there is a danger in that.

Mr. JOHNSON. Do you not think that General Hershey, who is a man of good reputation and good common sense, would consult the leaders in the nursing profession?

Sister OLIVIA GOWAN. Yes.

Mr. JOHNSON. If he did that, do you feel the rules would take care of the problems you have presented us with today?

Sister OLIVIA GOWAN. Yes, I do.

Mr. JOHNSON. That is all.

The CHAIRMAN. Mr. Piñero.

Mr. PIÑERO. Sister Gowan, how does your league stand on nursing education as to people of different races?

Sister OLIVIA GOWAN. The league does not discriminate, for religious, racial, or any other reason. There is no discrimination.

Mr. PIÑERO. That is all.

The CHAIRMAN. Mr. Fenton, do you have any questions?

Mr. FENTON. No; I have no questions.

The CHAIRMAN. Thank you very much, Sister Gowan. We are glad to have your statement.

Mrs. Alexander Stewart, will you come around, please? Mrs. Stewart, will you please tell us whom you represent, what your position is with the organization? Do you have a written statement?

STATEMENT OF MRS. ALEXANDER STEWART, NATIONAL CO-CHAIRMAN, WOMEN'S COMMITTEE TO OPPOSE CONSCRIPTION

Mrs. STEWART. I am Mrs. Alexander Stewart, of Chicago, and I represent the Women's Committee to Oppose Conscription, as I am one of the three national cochairmen.

Mr. JOHNSON. Just opposed to conscription of nurses?

Mrs. STEWART. It opposes that, but on this bill, it opposes the principles of conscription.

The Women's Committee to Oppose Conscription was organized 2 years ago to examine the implications of conscription and study the far-reaching consequences of such a change as conscription of women might bring to our Nation. As one of the three national cochairmen, the others being Dr. Georgia Harkness, of the Garrett Biblical Institute, Evanston, Ill., and Mrs. Allen Knight Chalmers, of New York City, I wish to present our reasons for opposing the draft of nurses and also to ask some pertinent questions.

I might say that we have a governing committee of 157 prominent women drawn from many walks of life across the country, representing many organizations and a great deal of public opinion, for they in turn are the governing committee of a group that represents many thousands of members.

These women are greatly concerned because they want to see their sons, their fathers, and husbands, that they are given adequate care, and are personally interested in the quotas of the nurses being filled.

We are, however, concerned over the way in which that care is provided, for we believe that there are still untapped resources available for the needs of our fighting men. I am sure that you gentlemen of the committee will agree, when I say that the promotion of the nurses' draft raises the question whether the war has lost its significance to such an extent that American women are unwilling to volunteer to care for the wounded men, even if they are given time and opportunity to learn the facts, and instead, would prefer to have this draft imposed upon them.

The nursing profession has always been held high in the estimation of everyone, for it brings the great privilege of meeting human needs, not only of the body, but of the mind and spirit, when that meeting of the need may mean the difference between life and death. I believe that the women in the nursing profession still want to have it said of them in this war, as it has been said during these 3 years, that "We did not need to be drafted. When we heard the call, we were willing to answer."

It was Surgeon General Parran who stated in his testimony while testifying for the draft, "All that is really needed is the instigation to get our nursing power working in the right channels." There is clear evidence of the devotion and patriotism of the nursing profession. We raise the question, "Cannot this matter be better settled on a volunteer basis than by compulsion, if volunteer enlistment is actually stressed?" It is our feeling that down deep in the hearts of our nurses, they really hope it can be worked voluntarily.

Our interest in this question lies not only in the drafting of the women in the nursing profession, but in the fact that this may be used as the opening wedge for the drafting of all women throughout the country. In a democratic country, should not the voluntary system be given every possible opportunity first, before resorting to what may prove to be an unconstitutional method?

If it leads to the conscription of all women, surely it should be seriously considered. There is grave concern in the minds of millions of Americans, that the far-reaching consequence of total conscription of our womanpower would disrupt our family life, bring grave moral problems and increase juvenile delinquency.

There are many who believe that this whole trend toward more and more regimentation will destroy the very principles of democracy for which we are now fighting.

There are other questions that are pressing for an answer. Is there not strong evidence that the Army and Navy underestimated their needs previously? Have they not slowed up their recruitment program with unnecessary red tape? Have they not almost stopped enrollment because of their overoptimism? Do they not reject the services of qualified women because they are over 45, and does not the Navy still refuse the services of married nurses?

If these things are so, should they not be corrected before imposing a draft?

Certainly Dr. Harvey B. Stone's testimony before this committee gave a very clear understanding of many factors involved in the lack of sufficient volunteers before the President's message. Many nurses were rejected because of the high educational requirements. We realize the need for high educational requirements, and those that have been set up by the nursing profession, and we would be the last to ask that any lowering of standards be taken now. However, we do feel that there are many nurses who come from those hospitals already referred to, those of 50-bed hospitals, that could be given the additional training to help them to qualify for that training and for that use.

If the need is as great as the Army and Navy say it is, cannot our various organization trainees, such as nurses' aides, orderlies, and people who have had classes in bedside nursing care, be used to supplement the present hospital programs, and cadet-nurse programs, in carrying out actual bedside procedure, thereby releasing skilled and highly trained personnel for more specialized work?

I understand that last week, in one of our Washington motion-picture theaters, there was an appeal made in the newsreel for the recruitment of a WAC medical corps. This would be another source of nursing care. In this trend of thought, we raise the question as to the possibility of using our limited servicemen as hospital orderlies, with, of course, the necessary preliminary training. Since writing this material for my testimony, I have also come across another resource that perhaps has not been considered by the committee, and that would be the use of some 1,500 or 2,000 conscientious objectors who are at present in civilian public-service camps. Approximately 2,250 have already been used in our mental hospitals and in some of the general hospitals and in public-health work.

Many more men are available, and if there is a shortage, particularly in the civilian field, it seems to me there might be an opportunity to use some more of those young men for a very definite part of this work.

We feel that the present procurement and assignment program, which is working hand in hand with the American Red Cross and other related organizations, is a step in the right direction. This program should be given the utmost authority, short of a draft law, to seek out what nursing power there is available in the community and direct it into positions where it is most needed, according to the ability and efficiency of the nurses.

We make no attempt to try to tell them how to carry out this work, since, in our opinion, they have done very well, and perhaps only need added authority to meet the current, acute, and immediate needs. Why not give more responsibility to individual nursing groups to take a more active part in recruiting their own nurses?

We have evidences all around us of the red tape and inefficiency surrounding the applications for part-time relief nursing of graduate registered nurses throughout the country. We know that the accusation of qualified nurses working in factories and nonnursing positions is true, but it is true because of the above-mentioned facts. Dr. Smeltzer said in his testimony:

* * * many, many persons are working on an assembly line who ought to be nursing.

Similarly, in two extensive articles in the New York Times, January 30 and 31, 1945, Hanson W. Baldwin has pointed out many examples of inefficient use of the manpower within the Armed Services themselves. [Reading:]

In the Army the maldistribution of nurses continues to be an important reason for shortages in hospitals where nurses are most needed. * * * Discussion of the last few weeks has resulted in a number of much-needed reforms by the services, but still others can be effected which will result in more nurses being available where needed, better nursing care, and more applications from civilian nurses.

Here I also have further evidence, included in a great many newspaper clippings, showing the feelings of some of the nursing profession. Although we realize that these are isolated cases, in the general scheme, they are a source of nursing material.

PM, Sunday, January 31, 1945, reported that of the 9,000 Negro registered nurses, only 308 have been accepted by the Army. I believe Mrs. Staupers has increased that number to 330.

There are approximately a million Negroes serving in the armed services. If Negro nurses were being used in the same proportion as white nurses are used for the white troops, about 5,000 Negro nurses would now be serving. It is now understood that Army nurses will not be barred from the camps because of race or color. The Navy Nurse Corps will now permit Negroes to volunteer, "provided the applicant meets the physical and other requirements for appointment."

Have these changes in policy become thoroughly known to Negro nurses? Experience shows that there is opportunity for abuse in that expression "other requirements for appointment," and it will be for your committee to determine that, in the recruiting of Negro nurses, they are given a square deal and that the law against discrimination is being carried out in spirit as well as technically.

We understand that since the President's message there were 9,000 volunteers, and of that number, 926 were assigned. We should like to know what percent were rejected, why they were rejected, and how many are still to be assigned.

Since writing that, I believe the testimony has indicated, here in the committee hearings, that 14,600 applications have been received and that approximately 68 percent would be available, which would be 9,928.

If there should be a draft, we would like to ask one or two questions. How long will it take to get it organized? How many nurses will it require to make up the boards to select the nurses? Will the local community health agencies have anything to say in the matter of their personnel?

If the time required to put the program to work under a draft law will take even a few months, in the light of Dr. Parran's statement, it would seem that the quota of nurses might be filled during that in-

tervening time by keeping the full facts before the public and developing all the available facilities for recruiting.

Dr. Stone suggested a stronger and more definite program of recruiting, without the need of this draft, to which our committee has heartily agreed.

Another question we would pose is this: Has the committee fully satisfied itself that this legislation is constitutional?

Again, let me stress what I stressed in the beginning, that this bill has been suggested by several as the first step toward the conscription of all women. We believe that this would have its ill effect upon the home.

In consideration of the above pertinent facts, we would like to remind the committee of the background of our American home and way of life and our ingrained love of liberty for which our boys are fighting now. We do not want to bring to them the added burden of worry and concern which would be caused by the possibility of their loved ones at home being moved around to different localities, or directed, under duress, to break up the home or a family more than it already is. They want to feel that when they come home on furlough, or wounded, or permanently, that their homes are as little disrupted as possible. Their great need of physical comfort and mental and spiritual strength can only be met by their loved ones in familiar surroundings. If we want to be sure that their morale is kept high, we will seriously consider any possible change in the fundamental structure of our society which the drafting of women would bring.

The church and educational leaders of our country have also faced and questioned the dangers involved in these drastic proposals.

We realize that there is a great need, and we are prepared to assist in any possible manner consistent with our convictions in meeting the present and any future emergency; but we do not feel, particularly in the light of the above statements, and those of others here, that such a drastic step as this draft bill is warranted now.

Thank you, Mr. Chairman.

Mr. CHAIRMAN. Mrs. Stewart, I would like to call your attention to the second paragraph of your statement, on page 2, where you say that the enactment of this bill would probably be used as an opening wedge in the drafting of all women throughout the country. I take it from that that you are opposed to the drafting of women?

Mrs. STEWART. Yes; we are opposed to the drafting or conscription as applied to women.

The CHAIRMAN. You also say in your statement that you want to see the wounded treated promptly?

Mrs. STEWART. Yes, sir.

The CHAIRMAN. If the need for nurses has failed for lack of conscription methods, how could it be done? Would you be in favor of doing it if it is necessary in order to treat the men who are wounded?

Mrs. STEWART. I believe that would be up to the committee to decide as to whether or not it is necessary. We have opposed the principles of conscription in general.

The CHAIRMAN. Of course, it is up to us to decide that, but we would like to have your view on it. If you were convinced it would be necessary, you would be for it, would you not?

Mrs. STEWART. If we were convinced it was necessary.

The CHAIRMAN. But you are just not convinced?

Mrs. STEWART. No; we are not convinced; and we oppose the principles of conscription of women, because we feel it is the wrong policy.

The CHAIRMAN. For any purposes, nurses or otherwise?

Mrs. STEWART. Yes.

The CHAIRMAN. All right.

Any questions, Mr. Fenton?

Mr. FENTON. May I ask the witness whether she is opposed to conscription of men?

Mrs. STEWART. Our committee was not organized at the time of the conscription of men, so I could not speak for the committee on that principle.

Mr. FENTON. Are you opposed to it yourself?

Mrs. STEWART. As an individual; yes.

Mr. FENTON. That is all.

Mr. JOHNSON. Mrs. Stewart, do you not realize that just because all these voluntary methods failed also that that is the reason we have three or four of these bills before us?

Mrs. STEWART. I believe that a number of the facts that the testimony has brought out—of others, I mean—in this past week has shown that some of the reasons for apparently failing were, as Dr. Stone said, and as others have said, the lack of certain recruiting or emphasis on recruiting, or the presentation of the needs at a time when there might have been more volunteers; and also the testimony that since the President's message there have been 14,600 applications, of which approximately nine thousand nine hundred and some will be accepted, shows that when the full facts are presented that the nurses respond.

Mr. JOHNSON. Well, of course, there was testimony the other way, too, was there not? Did you look at some of the other testimony?

Mrs. STEWART. Yes; I have examined the other testimony.

Mr. JOHNSON. Well, specific responsibility to provide for nurses is up to the Surgeon General.

Mrs. STEWART. Yes.

Mr. JOHNSON. What was his testimony?

Mrs. STEWART. He believed the draft would be necessary.

Mr. JOHNSON. Now, in here, you have raised a lot of questions. Of course, that does not really help us to just raise a lot of questions. We would like to have somebody give their opinions or give us facts on which we can base our judgment. Now, do you have the answers to any of these yourself—your group? You have a national group; perhaps you have an answer to some of these that you can favor us with.

Mrs. STEWART. Well, we would say that the number from these applications, since the President's message, would provide 9,900, approximately. The Cadet Nursing Corps has been quoted a number of times as to the number that would be available when those classes graduate. As I understand, between seventeen and eighteen thousand nurses that the Army requires are not immediately—that is, required within the next 2 or 3 months—they are required by July 1; is that not true? Then, there would be 2,000 Negro nurses, as Mrs. Stauper said this morning. There are something like 8,000 male nurses, of which 2,300 are now in the armed services.

Mr. JOHNSON. When you get all through with that, you are up to about 50,000 nurses—would you not?

Mrs. STEWART. Oh, no; we would be up to approximately 58,000. I did not figure the total here.

Mr. JOHNSON. Well, you are figuring, for instance, that all those who signed up and wanted to be nurses are going to be accepted?

Mrs. STEWART. No; I said 14,600—

Mr. JOHNSON. Well, how many do you think we are short then, when we get through with all those that you assume will finally land in the services?

Mrs. STEWART. I did not figure the entire total; I should say that we might be short around 2,000, but there are still other reservoirs that have not been tapped.

Mr. JOHNSON. In other words, according to your computation, we have available, right now, in the next few months, 58,000 nurses; is that correct?

Mrs. STEWART. I would have to figure, I guess. I did not add that total. Let's see, there were 948 from the 18,000 applications. I am assuming, of course, there will be more applications in the next few months.

Mr. JOHNSON. Are you assuming that all those 9,000 will finally land on the rolls—that there would not be some rejections?

Mrs. STEWART. Well, 14,600 was the total number of applications given in the testimony this past week, as having applied since the President's message, and they said 68 percent would be acceptable; that was the estimate that was given by them.

Mr. JOHNSON. Fifty-eight percent?

Mrs. STEWART. Sixty-eight percent.

Mr. JOHNSON. Was that a witness here?

Mrs. STEWART. Yes; it was.

Mr. JOHNSON. Or was that an article in the paper?

Mrs. STEWART. No; it was a witness here. I took it down at the time, 14,600, figured the 68 percent, which would be 9,928. Then this morning Mrs. Stauper said 2,000 from the Negro nurses; from the Cadet Corps, I am not sure of the total number. I do not know whether it is proper to ask Mrs. Rogers that question. Then there would be approximately 4,000 or 5,000 of the male nurses that are not assigned, and if—

Mr. JOHNSON. Well, now, were there not only 3,500 male nurses altogether?

Mrs. STEWART. No; I believe the number given me as of this morning—I had to come back from Boston and did not get here at the beginning—and I think it was something like 8,000 male nurses and 2,500 now in the services.

Is that right, Mrs. Rogers?

Mrs. ROGERS. Yes.

Mr. JOHNSON. You have no information, of course, as to how many of those would be rejected? You do not know whether they have the qualifications to be a nurse, do you?

Mrs. STEWART. Not all of them would be.

Mr. JOHNSON. Then, another thing is this: Of course, the war is going on every day—you realize that?

Mrs. STEWART. That is right.

Mr. JOHNSON. And every day there is a big line of ambulances going into the hospital.

Mrs. STEWART. Yes.

Mr. JOHNSON. You realize that?

Mrs. STEWART. Yes.

Mr. JOHNSON. And you realize that the nurse per number of patients abroad is only—there are only half enough nurses, according to modern standards, to take care of the men that are wounded every single day; and you think that all these methods will get them in time?

Mrs. STEWART. I do believe that a further emphasis on the recruit, on a voluntary basis, if the facts were given them, would produce them.

Mr. JOHNSON. Could I ask you this question: If it is unfair, please say so, is your main approach and emphasis in your testimony, the fact that you are violently opposed to conscription or is it that you think we can get the nurses with voluntary methods?

Mrs. STEWART. Well, I would not say that—perhaps I would not use as strong a term as "violently opposed." I would say we oppose the principle of conscription of women, either any class or all women, because we believe that it would be a very disrupting influence on our home life in America, it would increase the moral problems and certainly increase the problems of juvenile delinquency, and time and again, in the testimony here in the hearings, it has been stated that this nurses' draft was the opening wedge or the first step—there have been some who have said they did not want it unless it were—the first step in the conscription of all women.

Mr. JOHNSON. Well, the motivating thought in your mind, in interpreting these various bits of evidence from different kinds of witnesses, is that you think conscription is fundamentally wrong?

Mrs. STEWART. Yes; we do.

Mr. JOHNSON. That is the motivating thought in the back of your mind?

Mrs. STEWART. That is right, and we have every faith and believe that the nursing profession, which had, when it knew what the needs were, previously, before the quotas were dropped, or the ceiling was dropped, and the plan, as I understand it, to voluntarily recruit them was not pushed through, and then the overoptimism of the fall, that that was responsible partially at least for the lack of filling, perhaps, the quotas needed at that time.

And we have faith to believe that the nurses will respond when they understand the call.

Mr. JOHNSON. Well, of course, dwelling on what we might call mistakes—they are not always mistakes, you know, they are miscalculations, as unexpected things occur—

Mrs. STEWART. I agree with you.

Mr. JOHNSON. Do you think that will help us, to dwell on those miscalculations in the past?

Mrs. STEWART. Except as we can learn from them and put on a more intensive drive now on a voluntary basis looking for some of these other avenues of resources like your WAC Medical Corps, training more of the limited-service men for bedside nursing procedure, because there are certainly many things that a person who is not a registered nurse could do in the care of the wounded.

Mr. JOHNSON. Are the people that belong to your organization, are they nurses by profession?

Mrs. STEWART. Some are, some are professors' wives.

Mr. JOHNSON. Are you a nurse by profession?

Mrs. STEWART. I am not. I am a minister's wife.

Mr. JOHNSON. That is all.

The CHAIRMAN. Mr. Holifield, do you have any questions?

Mr. HOLIFIELD. No questions.

The CHAIRMAN. Mr. Roe?

Mr. ROE. No questions.

The CHAIRMAN. Mr. Martin, do you have any questions?

Mr. MARTIN. I would like to ask one or two questions.

From your statement and answers to the questions, I take it that your opposition to this bill is based on your opposition to all conscription?

Mrs. STEWART. That is right.

Mr. MARTIN. Are you opposed to conscription of men as well as conscription of women?

Mrs. STEWART. Our committee was not organized at that time so we had nothing to do with the discussion of the conscription of men.

Mr. MARTIN. Now, on that answer, I take it that your reference here, by inserting the question of constitutionality, is only as a reference and not based on any fundamental objection on constitutional grounds?

Mrs. STEWART. Well, we feel that it is unconstitutional.

Mr. MARTIN. But even though it were constitutional, you would still be opposed to it?

Mrs. STEWART. Yes, we would.

Mr. MARTIN. That is what I wanted to bring out. Then I am not looking to you for any help on my constitutional question.

Mrs. STEWART. Not being a lawyer, I am afraid I cannot give you that.

Mr. MARTIN. Do you not have some lawyers in your organization?

Mrs. STEWART. Yes; we do; but I guess I failed to get their viewpoint.

Mr. MARTIN. That is all.

The CHAIRMAN. Thank you, Mrs. Stewart.

STATEMENT OF MISS ELIZABETH A. SMART, NATIONAL WOMAN'S CHRISTIAN TEMPERANCE UNION

The CHAIRMAN. Miss Smart, I have you listed here as representing the Woman's Christian Temperance Union.

Miss SMART. Yes; Mr. Chairman, and my name is Miss Elizabeth A. Smart, and my address is 100 Maryland Avenue NE., Washington.

The CHAIRMAN. You may give us your statement.

Miss SMART. The National Woman's Christian Temperance Union is as concerned as any of you could be that our wounded men get immediate and adequate care. We represent largely the home women of America. Many of these wounded men are our sons, but we do not believe that a step so fraught with grave and disturbing consequences as the drafting of women should be undertaken without careful consideration of whether it is really needed.

We have all of us continually before our eyes the tragic and de-humanizing effects of the regimentation of human beings, and particularly of women in the nations of Europe, the outstanding example

of which is the nation which has been responsible for bringing about this major catastrophe over our modern world, Germany.

In taking upon yourselves the responsibility of drafting nurses, you must realize that with a precedent once established, it will be only a short step to the drafting of all women.

No nation in history up to modern times has ever attempted to do this to its women, and the reasons for refraining are written deep in the instincts and traditions of the race. A nation enslaves its women only at its own peril.

We think there are grounds for believing the necessity for this drastic step may not be as great as it at first appears. It is, of course, unfortunate that nurse recruiting for the Armed Services was slowed down by overoptimism about the progress of the war on the western front.

That does not alter the fact that because of it there is now a very pressing and immediate need for nurses.

But if mistakes were made in those estimates, is there not a possibility that mistakes in estimating the possibilities of correcting this situation without resorting to so drastic a step as conscription might occur again?

The American Red Cross reported 8,236 applications in the 2-week period ending January 19, following the making public of the extent of the need. The original Army call was for 10,000 nurses, while an additional 2,500 is needed by the Navy, but not until June 30, and the Veterans' Service needs 1,000 immediately, 1,000 in 60 days, and 1,000 by July 31.

It might be possible to fill this need with volunteers, even though Army requirements have now been raised to 60,000, if some restrictions which do not seem essential, when you take into consideration that the alternative proposed is conscription, were relaxed a trifle.

For instance, World War I nurses are complaining that the 45-year age limit in the Army and 40-year age limit in the Navy is barring them from service. These rather arbitrary age limits ignore the fact that a woman frequently enjoys her best health in her fifties and is often capable of greater endurance at that age than she was in her thirties.

Women of 45 or over would not encounter all the resistance to volunteering for overseas service that younger women are meeting with from their families, and their sweethearts in the armed services. They also have the advantage of experience.

Another large reservoir of volunteers would be opened at once by removing these age limits. If these women cannot serve overseas, why can they not staff the Army and veterans' hospitals in this country to which the wounded are being evacuated as rapidly as possible?

Then there are the 9,000 Negro graduate nurses of whom only 308 had been accepted for service up to January 16.

I believe some of these figures have been later corrected by testimony here. These were figures of about a week ago.

Nurses of the Negro race are serving satisfactorily in southern military hospitals caring for both Negro and white patients, according to Mrs. Maybell K. Staupers, head of the National Association of Colored Graduate Nurses.

It seems little incredible that 11 hospital units should have been sent overseas without nurses with all these women available. Surely no one questions the acceptability of women of the colored race as nurses.

The Navy, which wants 2,500 more nurses by June 30, is still refusing to accept married nurses. When the alternative is drafting all the nurses in the United States to get 23,500 nurses, it seems to us that it would be the lesser of the 2 evils to relax some of these rather arbitrary regulations.

There are estimated to be 6,372 student nurses graduating about May 1, and 6,953 more September 1, most of whom will probably be eligible for Army, Navy, or veterans' hospital duty, with 19,262 more by January 1, 1946.

It is going to take a certain amount of time to put a draft in operation.

If immediate use is made of the available Negro nurses to meet the immediate emergency, and the age limitation lifted to permit the use of these mature and experienced nurses who fall just outside the age limits, it would appear entirely possible that enough volunteers would be secured by the time the draft could begin to get under way to make a draft unnecessary.

Yet, the mischief would have been done and you, ladies and gentlemen, would soon find yourselves importuned again to draft American women, although the distance of the war from our shores and the entirely different temper of residents of the North American Continent on the question of the need for such severe remedies make the wisdom of such a measure here extremely questionable.

For a labor draft of any class of our citizens, and especially of women belonging to a highly respected profession, to be successful, the American people must be satisfied of its absolute necessity. I do not believe they are satisfied as to this.

We would respectfully suggest that in the matter of drafting, it is easier to stop before you begin, and to urge the committee to make sure beyond a reasonable doubt that no other means of meeting this emergency exists before you venture upon a policy you might easily regret.

THE CHAIRMAN. Thank you very much. Mr. Martin, any questions?

MR. MARTIN. No.

THE CHAIRMAN. Mr. Holifield, do you have a question?

MR. HOLIFIELD. No questions, Mr. Chairman.

THE CHAIRMAN. Dr. Fenton, do you?

MR. FENTON. No questions.

THE CHAIRMAN. Mr. Johnson, do you have anything to say?

MR. JOHNSON. In taking care of the medical need for your family, do you employ physicians or are you a Christian Scientist, Miss Smart?

MISS SMART. Oh, no; I employ physicians.

MR. JOHNSON. Suppose there were some medical problem that came up in the handling of your children, would you take your physician's advice on the matter?

MISS SMART. Oh, surely.

Mr. JOHNSON. Well, the Surgeon General of the Army is the doctor of the Army. Should we follow his advice or shall we set ourselves up as a board to disregard his advice?

Miss SMART. Well, may I suggest, gentlemen, that you have had other expert testimony here. I was listening to the head of the nurses' organization this morning, who told you that if you would give her four things, she could get nurses on a voluntary basis, and might I suggest that possibly the four requirements which she asked would be quite as easily applied through the services which are getting nurses on a voluntary basis as to set up a draft organization? And that you would get the nurses just as quickly?

Mr. JOHNSON. Well, of course, I agree there is a conflict in the evidence, but I just wanted to get your viewpoint on the matter. You raised a lot of questions but have you any answers to them that are conclusive?

Miss SMART. Well, I would not assume to say that, gentlemen. Of course, my organization is not a professional organization. You have been listening to the testimony of these professional organizations.

The only thing we are coming here to do is to point out to you the very serious nature of this step and the great advisability of avoiding it if it is at all possible to do so.

Mr. JOHNSON. Well, as I get the whole of your testimony here is what it is: You want us to take the evidence, all of it, consider it seriously, and then do what we think is the best thing concerning the entire picture and especially for getting the nurses that are required?

Miss SMART. Taking into consideration that every available means should be made use of before resorting to a step which would be so drastic and which I do not feel would be received cordially at all by the American public.

Mr. JOHNSON. Well, if we finally conclude that the only reasonable thing to do is to draft nurses, would you accept our judgment or would you still disregard our judgment?

Miss SMART. Well, of course, I should be forced to accept your judgment, gentlemen. It is your responsibility, not mine.

Mr. JOHNSON. Were you sure of the drafting of women in Germany? I have always been under the impression that women were not drafted in Germany.

Miss SMART. They are serving in the armed forces and in labor battalions, too, I believe.

Mr. JOHNSON. I think it is just simply by enlistment.

That is one of the objections we had to the WAC bill, that Germany did not resort to anything like that; so why should we?

Miss SMART. Well, of course—

Mr. JOHNSON. Therefore, we had a voluntary system.

Miss SMART. Of course, the regimentation of German life amounts almost to a draft any way.

Mr. ROE. Miss Smart, you said something about the age limits. What age would you say or possibly how many nurses could be obtained if there was a leeway there? I do not suppose we would want anybody 80 years of age serving as nurses, but suppose there were a leeway of 45 to 60, do you think we would be able to get sufficient volunteers within that age period?

Miss SMART. I think you would unquestionably get quite a number. I would not be able to tell you how many because I would not have

access to the nursing records, which, of course, you have the nurses who could tell you those figures here, I would suggest that be inquired into, however.

Mr. ROE. We would get some?

Miss SMART. I am sure you would. There are a great many nurses just over the 45-year age limit.

Mr. ROE. Most of them are married.

Miss SMART. Well, their children are grown and they could adjust their household affairs so as to leave them. They could also be used in this country.

The CHAIRMAN. Is that all, Mr. Roe?

Mr. ROE. Yes.

Mr. FENTON. I have one question, Mr. Chairman.

The CHAIRMAN. All right, Mr. Fenton.

Mr. FENTON. Miss Smart, I think the point you raise about raising the age limit might be taken. Certainly I think if we might raise the age limit up to 50 and not ask for any 18 or 19 year olds, that you would get more nurses from 45 to 50 than you would from 18 to 21? You know there are no 18-year-old nurses.

Miss SMART. Yes, sir.

Mr. FENTON. That is all.

The CHAIRMAN. Thank you very much, Miss Smart.

Miss Thomasina Johnson?

(No response.)

The CHAIRMAN. Mrs. Water?

(No response.)

The CHAIRMAN. Miss Hortense Hilbert, of the National Organization for Public Health Nursing?

Mrs. PINERO. May I say, Mr. Chairman, we have Miss Hilbert's testimony here which can be given for the record.

The CHAIRMAN. That is all right. You may just give it to the clerk.

Mrs. Wickenden?

(No response.)

The CHAIRMAN. Mrs. Goostray.

Mrs. GOOSTRAY. I was not prepared to give testimony.

The CHAIRMAN. You do have?

Mrs. GOOSTRAY. No; I do not have it unless you wish to ask questions.

Mrs. ROGERS. Would you not like to give your views, your general impression?

The CHAIRMAN. Is there some one here from the War Nursing Council?

STATEMENT OF MRS. STELLA GOOSTRAY, CHAIRMAN, NATIONAL NURSING COUNCIL FOR WAR SERVICES

Mrs. GOOSTRAY. I have prepared no testimony because I did not know whether I would be called.

The National Nursing Council, which has representatives from all of our various nursing organizations, had a meeting some months ago shortly after the President spoke, and the members of the corps - now these are the individual votes of the members of the corps and do not

represent necessarily the opinions of the organization which they are representing in the council:

The council approves this principle, Federal selective service legislation for the procurement of nurses for the needs of the armed forces.

This does not imply approval of any specific bill which has been or may be introduced:

In order to assure adequate nursing care to the civilian population, the National Nursing Council for War Services urges enactment of a national service act to supplement any selective service legislation for nurses.

We believe that if it is necessary to have a draft for nurses as the first step in a national act which would provide for the needs of the Army and Navy and civilian population, if it is necessary to have the first step that of procuring nurses, the members of the corps who were present at that meeting would support it.

The CHAIRMAN. Thank you. I think they have passed a resolution which they sent to me and I think that is the one you have read.

Mr. MARTIN. I would like to ask to hear that statement over again. Was there an "if" in front of it?

Mrs. GOOSTRAY. I said, if it is believed that that is the necessary first step, that they would support it.

Mr. MARTIN. Yes.

Mrs. GOOSTRAY. May I say we also ask that there be a national registration of nurses. We do not know exactly how many nurses there are in the country because our previous registrations were voluntary registrations; and we only reached the nurses for whom we had the mechanism to reach. It was a voluntary affair and mainly nurses did not register. We would like to know how many nurses there are available as registered nurses.

Mr. MARTIN. And in that statement, you also recognize the point that the registration can be handled separately and independently from a draft?

Mrs. GOOSTRAY. We thought that it could be handled through the procurement and assignment service, but it ought to have enough teeth in it, to make it compulsory, mandatory, rather than permissive.

Mr. MARTIN. Mandatory as to registration?

Mrs. GOOSTRAY. Mandatory as to registration.

The CHAIRMAN. If they are registered and found qualified and then refused to serve, you would be in favor of compulsion requiring them to serve, would you not?

Mrs. GOOSTRAY. I personally am in favor of it because I believe the needs of the armed services come first.

Mr. MARTIN. Well, before we read that into the association's statement that you pronounced first here, you had an "if it were needed."

Mrs. GOOSTRAY. Well, I think that has to depend upon all the testimony that is given to your committee from all the various groups.

Mr. MARTIN. Yes; and now as to your first statement here, you said that your group would favor the draft if it were found necessary?

Mrs. GOOSTRAY. My statement, from my group, was:

The Council approves this principle: Federal selective service legislation for the procurement of nurses for the needs of the armed forces—

and then the second one—

In order to assure adequate nursing care to the civilian population, the National Nursing Council for War Services urges enactment of a national service act to supplement any selective service legislation for nurses.

Mr. MARTIN. Now there is no "if" in that at all?

Mrs. GOOSTRAY. No.

Mr. MARTIN. Well, I am back where I started.

The CHAIRMAN. Well, if you want to find some if's, I do not think this committee would be drafting women for nurses or otherwise if it was not necessary.

Mr. MARTIN. Well, I am not so sure about that.

The CHAIRMAN. Thank you very much.

Mr. JOHNSON. May I ask a question, Mr. Chairman?

The CHAIRMAN. Mr. Johnson has a question.

Mr. JOHNSON. Did that group of yours consider or assume that there was a critical need for nurses in the country for civilians, for hospitals, and for the armed services?

Mrs. GOOSTRAY. We know there is.

Mr. JOHNSON. You know there is?

Mrs. GOOSTRAY. Yes.

Mr. JOHNSON. All right, now, is this a correct statement of the view of your group—shows seven women there—that they feel there is a critical need for nurses and therefore they want to adopt a plan of rationing them out where they are needed?

Mrs. GOOSTRAY. Yes; but they believe the needs of the armed forces come first.

Mr. JOHNSON. Yes; but it is a matter of rationing, is it not, putting them where they are most needed?

Mrs. GOOSTRAY. Yes, sir.

Mr. JOHNSON. And you feel we ought to register every nurse under some mandatory system so we will know where we can find the nurses that we need in the various categories?

Mrs. GOOSTRAY. Yes; so we know how many registered nurses there actually are.

Mr. JOHNSON. And from that you can take what you need to fill the gaps for the various needs, for the armed services, for the local hospitals, and civilians?

Mrs. GOOSTRAY. For nurses.

Mr. MARTIN. From your statement, I am not sure that I have your view as to the drafting of women, of all women. Have you stated anything on that?

Mrs. GOOSTRAY. I believe that is the second one. We said that—

In order to assure adequate nursing care to the civilian population, the National Council for War Services urges enactment of a national service act to supplement any selective service legislation for nurses.

If you are going to have nursing care for civilian population, naturally that would mean that you would have to have an act which included women.

Mr. MARTIN. Now, are you in favor of a service act for all women?

Mrs. GOOSTRAY. Personally, I am.

Mr. MARTIN. Would you favor that in preference to a drafting of one class of people, such as nurses?

Mrs. GOOSTRAY. I think I am in favor of that way.

Mr. MARTIN. Would you prefer—

Mrs. GOOSTRAY. But I simply would not be willing to take the responsibility of saying that that ought to come first if the needs of our armed forces are not met.

Mr. MARTIN. You see no distinction as to principle between the drafting of nurses only and the drafting of all women?

Mrs. GOOSTRAY. No; because the nurses have the skill which is most needed first. There may be—

Mr. MARTIN. Well, then, I take it, you would not object to our having laws drafting all engineers, drafting all medical doctors?

Mrs. GOOSTRAY. The medical doctors are drafted.

Mr. MARTIN. And—

Mrs. GOOSTRAY. Medical doctors are drafted, are they not?

Mr. MARTIN. Not as doctors. We are talking now about singling out a class. Have you given any thought to the matter of class legislation?

Mrs. GOOSTRAY. No.

The CHAIRMAN. The committee will now adjourn and meet tomorrow morning at 10:30.

(Whereupon, at 3 p. m., February 13, 1945, the committee adjourned to reconvene Wednesday, February 14, 1945, at 10:30 a. m.)

(The following statement was filed by Mrs. Hortense Hilbert for the National Organization for Public Health Nursing:)

STATEMENT FILED BY THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, NEW YORK, N. Y.

The National Organization for Public Health Nursing, comprising a membership of 10,247 nurses, 351 public health nursing agencies, 833 nonnurse citizens interested in the maintenance of community public health nursing services, and 21 State branches, in general, concurs with the principles set forth in the testimony of the American Nurses' Association. The following resolution in regard to nurses' draft was passed at the annual meeting of the board of directors of the National Organization for Public Health Nursing on January 26, 1945:

"The board of directors of the National Organization for Public Health Nursing endorses in principle an amendment to the Selective Training and Service Act of 1940 to include registration and selection of all women who may be needed for the military.

"In proportion to its numbers, the nursing profession has responded on a voluntary basis more generally than any other group of women, one-third of the total number of graduate registered nurses having applied for service with the armed forces. However, because of the urgent need for nursing service on both military and civilian fronts, and because of the length of time required for professional training, special action with regard to the selection of nurses may be needed as a preliminary step toward drafting women if the course of the war requires it, and recruitment of nurses on a voluntary basis does not meet the need.

"The board of directors also expresses its belief that the Procurement and Assignment Service of the War Manpower Commission should be maintained and strengthened at this time, and that its classification be used as a guide to the selection of nurses.

"The National Organization for Public Health Nursing reemphasizes the importance of maintaining a minimum of essential public health nursing service for the protection of local communities and suggests that all public health nursing agencies and nurses abide by the Procurement and Assignment classification."

Public health nurses are trained for and experienced in giving care from home to home on an hourly basis, supervising nursing care given by others, and teaching household members to give needed care. In this way they make an important contribution to the economical use of the restricted amount of nursing services available to the civilian population. In addition to care of the sick, the work of public health nurses is recognized to be of importance in protection against and control of communicable diseases, in maternity and child health services, such as those provided for women and children of men in certain grades of military service, and in keeping the industrial worker on the job.

The National Organization for Public Health Nursing believes that the classifications set forth by the Procurement and Assignment Service should guide the selection of nurses as an aid to maintaining minimum essential community nursing.

PROCUREMENT OF NURSES

WEDNESDAY, FEBRUARY 14, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met at 10:30 a. m., the Honorable Andrew J. May (chairman), presiding.

THE CHAIRMAN. The committee will please be in order. When the committee recessed yesterday evening we had heard the testimony of all the witnesses present at that time.

The first witness on the list this morning is the Honorable Stephen Pace, a Member of Congress from the State of Georgia. Mr. Pace, will you come around, please?

STATEMENT OF THE HONORABLE STEPHEN PACE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA

THE CHAIRMAN. Mr. Pace, we are considering the bill, H. R. 1284, which provides for the induction of nurses into the armed forces under the selective service. Have you read the bill?

MR. PACE. I have, Mr. Chairman.

THE CHAIRMAN. You may make any statement you care to at this time.

MR. PACE. Mr. Chairman, my purpose in asking for time to appear before the committee, which is a great privilege, particularly a committee on which I formerly had the privilege of serving, is to ask if the committee, in its deliberations on this bill, will see if it is possible to make some provisions for those nurses in the Nation who are anxious to offer their services to the country.

I assume, Mr. Chairman, that as long as the program is on a voluntary basis, that it is natural that those who accept the services tendered voluntarily, should have the right to maintain the standards for acceptance. Now that we are contemplating the drafting of nurses, it seems to me that it is not only the right, but the duty of this committee to look into the question of standards.

There are many nurses in the Nation, Mr. Chairman—I would not attempt to say whether it is several hundred or several thousand, but I would guess it is many thousand nurses in the Nation now who are anxious to offer their services to the armed forces, and who are denied because they do not conform to some technical standard of qualification.

The matter first came to my attention, Mr. Chairman, from nurses in my own home town who, upon the call of the President, more than a month ago now, rushed up to Atlanta to offer their services.

Two of them had been superintendents of operating rooms, and one of them is now superintendent of a small hospital. They had met all the requirements of the State board, they had met all the requirements of the American Medical Association, but they were told that they did not meet the standards, that they were not trained in a 100-bed hospital, they didn't have 50 patients every day.

Another case came from my immediate community, a nurse who has been in the nursing service for several years, considered very competent, whose fiancee, the soldier she had planned to marry, was killed in the service, and she was exceedingly anxious to enter the service herself after his death to make such contribution as she could. She was denied for highly technical reasons of not meeting some particular number of beds, and so forth.

As you know, Mr. Chairman, the mere thought of conscripting women is not pleasant, but certainly if the boys in service need nursing attention, they must have it.

But I do think, as the committee studies this question, that it is not only, as I said before, your right, but your duty to consider the question of standards yourself. If, as a matter of fact, the services are short some ten or fifteen thousand nurses, and if there are standing by some ten or fifteen thousand nurses, not only ready but anxious to enter the service, I think the committee should give consideration to their wishes.

The reaction I find among the people, the men and women who have written me, is that it seems to be a terrible thing, on the one hand, from the things that have happened in the last thirty days, to indirectly reflect upon the loyalty of nurses by intimating that they have not responded to the call of their country, so that it is necessary for this committee to consider their induction by law, when there are thousands of them standing by, ready and anxious to enter the service.

My only request is—I certainly do not appear here to oppose this legislation; certainly you and I, Mr. Chairman, when we voted to send these boys into service, assumed a solemn obligation, that we would support them in every way necessary, and certainly their care on the field of battle is one of the important measures of support we must give them.

The CHAIRMAN. Particularly if they are wounded.

Mr. PACE. Yes, sir. I have tried, Mr. Chairman, to find out who fixes these standards. One of the officials of the armed forces told me the Red Cross fixes them. Another officer said:

No, the Red Cross does not fix them. It just happens that our qualifications and the qualifications of the Red Cross are identical.

Now, it doesn't matter who fixes them, but when you come to the point where you are going to resort to a measure of conscripting them, then I ask you to consider the question of whether or not the standards are too high.

In my own investigation, one of the officials having to do with this program said that what they were interested in now was securing supervisors. That statement was made to my office, that what they were interested in inducting now was supervisors. And it was no one other than a person in the Surgeon General's office who said that. Certainly that cannot be an accurate statement. We are not here

not to induct people who are merely competent for supervisors, but those who can render that care and attention which the men on the field of battle require.

Mr. Chairman, that is all I have to say. It is very kind of you to accord me the privilege, but I do appeal to you, in your consideration of this measure, to give thought to those thousands of nurses who today are ready and anxious to offer their services and who fail to meet some technical—not fundamental requirement. If they are not fundamentally qualified you could not suggest that they be taken, and I would not, but where it is some technical requirement of their education, and they are, in fact, fit, then they should have the opportunity, and not be looked upon as having failed to meet their obligation as an American in this great emergency.

Mr. DURHAM. Was that statement with regard to the supervisors a recent one?

Mr. PACE. It was made last week.

Mr. DURHAM. It came from the Surgeon General's office, did you say?

Mr. PACE. From a representative in the Surgeon General's office; yes, sir.

Mr. JOHNSON. Mr. Chairman, could I ask the gentleman a question?

The CHAIRMAN. I want to excuse Mr. Pace as soon as possible; he has other engagements.

Mr. JOHNSON. Could you get us a witness who could point out what relaxations we could make? I have been asking questions here for a week about these rules. They all say, "We have relaxed them." If you could get us a witness who could specifically point out the rules that could be changed so as to take in some of these people you think are available, for instance, nurses from hospitals of 50 beds or less, we would like to have that kind of a witness, one who has the facts and can point out the exact place where the rules ought to be changed.

Mr. PACE. I am quite sure such witnesses are at the command of this committee.

Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Pace, we are very glad to have had you come before the committee.

Judge Patterson, will you come around, please?

STATEMENT OF THE HONORABLE ROBERT P. PATTERSON, UNDER SECRETARY OF WAR

The CHAIRMAN. Mr. Secretary, we are considering H. R. 1284, the nurses' bill. Yesterday I concluded the committee would probably like to have a statement from you, as the representative of the War Department, and suggested that you come up, and I appreciate your being here. If you have a statement in writing, you can present it in that way, or make your presentation in any way you desire.

Secretary PATTERSON. Mr. Chairman, I appreciate very much the opportunity to appear before the committee and give the views of the War Department on the bill under consideration.

The Secretary of War personally has taken a keen interest in the care and treatment of wounded and disabled soldiers and regrets that he cannot come here today, himself, but he finds it impossible because

he is up before another committee, testifying on the lend-lease bill. But he asked me to express to the committee his keen interest in the topic.

I have a very short prepared statement and if you will bear with me, I will read it.

In behalf of the War Department I urge prompt passage of the May bill, H. R. 1284.

The bill declares that in order to provide adequate care for the armed forces it is imperative to secure additional nurses promptly. That statement is true, beyond peradventure of doubt.

Four hundred thousand soldiers have been wounded already in this war. In the week ending January 14, 13,563 soldiers were wounded. In the next week 22,825 soldiers were wounded. In the next week, the last for which we have a report, 16,538 soldiers were wounded. These figures do not cover the sick.

Those wounded and sick soldiers, and those others who will fall wounded and sick before this bitter war is finished, have the first claim on this country. The care of those wounded and sick men is the No. 1 nursing job of the Nation.

The Army's need is for 60,000 nurses. That figure represents the Surgeon General's estimate, and the Surgeon General, of course, is the man in the Army primarily charged with the care and treatment of wounded and sick soldiers. We now have 44,000. That is a shortage of 16,000. In addition to relieving that shortage of 16,000, the Army needs 250 new nurses a month to take care of attrition. Unless that shortage is promptly relieved, the wounded and sick soldiers will not get the care they should get. Unless that deficit is made good, the noble, devoted women now serving as Army nurses—in this country and wherever our soldiers are fighting overseas—will be called on to work beyond the limit of their endurance. They are close to that limit now. I have seen plenty of nurses overseas who have been on continuous duty for 18 hours, attending to the critically wounded that have been brought in. I have no doubt that you yourselves have seen in the press photographs of the nurses at that continuous duty on the Italian front, on the west front in Europe, and over in the Pacific.

Voluntary recruitment cannot be relied on to make good the shortage in time. We have gained 2,000 nurses since the date of the President's appeal a month ago; but even at that rate—and the applications are now falling off—it would take 9 months to overcome the shortage and to make good the expected attrition. I say even if that rate were kept up, and that rate is not being kept up today.

The wounded cannot wait that long. You have it as the considered judgment of the Surgeon General that volunteering will not provide nurses in the needed numbers when they are needed. In the President's words—

the need is too pressing to await the outcome of further efforts at recruiting.

The present bill, in recognition of the urgent need, provides that all women between 18 and 45, who are registered and admitted to practice as nurses, shall be liable to induction into the military service under the Selective Service Act, with the same procedures and with the same exemptions, rights, and obligations as provided for men under that act.

Passage of the bill will mean that the necessary number of nurses will be on hand. It will be the guaranty of Congress to the stricken soldiers that their nursing care will be adequate. Passage will also mean that the Army's need for nurses will be filled with minimum disturbance to civilian requirements for nursing, because those who can most readily be spared will be the nurses inducted. That is a feature that cannot be taken care of in any possible way under present methods. I wish to emphasize that, if the bill becomes law, you will not only take care of the Army's needs, needs of the most urgent character, but you will also be making a provision, through exemptions and deferments, for the retention of the nurses in civilian life in the posts where they are most needed, and that can be done without any amendment whatsoever to the text of the act as it now stands.

Of the constitutionality of this measure there is not the slightest doubt. The Constitution gives Congress the power to raise and support armies. Army nurses are part of the Army. There is no unreasonable discrimination in the fact that all women are not included in the act, but only those best qualified for the service. It is to be borne in mind that the Selective Service Act does not apply to all men, but only to those best qualified for the service by age and other considerations. There is a discrimination in the Selective Service Act today, as among men, but it is a reasonable discrimination and not an unreasonable one.

I urge strongly that the needs of other Federal and civilian agencies for nursing services should no be considered as possible amendments in connection with this bill, with resulting delay in favorable action. I will not disparage those needs in any way, but they can be handled by other measures, and they will take time for consideration, whereas the need for the relief in this measure is so strong that we cannot wait.

The need of the Army is acute and immediate, and the means of meeting that need are provided for in this measure.

Above all, I urge prompt action. There is no time to lose. Some of our people with an eye on the Russian advance, feel that the end of the war in Europe may be at hand and that there will not be many more casualties there. But we cannot gamble with the lives of our soldiers. The view of those responsible for military operations is that the end of the fighting in Europe is not in sight and that our forces there face a great deal of hard fighting. Hard fighting means more casualties, and more casualties mean more medical and nursing care. Delay in obtaining the additional nurses that are needed may result in tragedy to thousands of wounded soldiers. As I see it, this is a bill in behalf of the combat soldiers fighting the Germans on the western front and Italy, and fighting the Japanese in Luzon and Burma. Thousands of those brave men fall wounded every day. Prompt passage of this bill will tell them that they will not suffer for lack of adequate nursing.

Gentlemen, we pledged, when we declared war, our entire resources to the waging of war, and we inducted into the military service, by selective service, millions of men and have sent them overseas and have called upon them to face the hardest ordeal that human beings can face. I think that where we have done that, we have to give them our utmost guaranty that if they fall wounded or sick, they will not be neglected and they will not have to face a shortage of personnel in medical or in nursing care to enable them to get back home.

That is the position of the War Department, Mr. Chairman. I would be glad to answer any inquiries.

The CHAIRMAN. Judge, I want briefly to state—it is perhaps unnecessary—but in corroboration of your statement, I would say that the Secretary of War, Mr. Stimson, called me about 30 minutes ago and said he was sorry he was unable to be here because he was detained before the Foreign Relations Committee, but that he was very, very much interested in this legislation.

I have one question on the language of the bill I would like to have your judgment on. I am sure the whole committee would appreciate it, as well. With respect to the last sentence in section 3, page 2, beginning in line 6, which provides:

These nurses shall be made subject to the provisions of the Selective Service Act—

and goes on

Such registration, selection, and induction shall proceed in accordance with the same procedures and be subject to the same exemptions, rights and obligations provided in said act—

and so forth.

What I would like to have is your judgment as to whether or not the selective-service local boards may, under that particular provision of the bill, defer nurses for duty in civilian hospitals, or in the aid of the public health of the country, just the same as they would defer men under the provisions of that act for some other essential work they may be engaged in.

Secretary PATTERSON. That language is already in, Mr. Chairman, and, as I read it, it provides that local selective service boards, in making their selections for induction, should take into account the essentiality of the civilian work being performed by the particular nurses and should grant deferment to those who are engaged in work in the national health, safety, or public interest, exactly, as is the case now with men liable to induction in selective service.

The CHAIRMAN. Judge, under the provisions of what are commonly referred to as the G. I. bill, which, in fact, is the relocation bill, which recently passed the Congress, and which relates to veterans of this war, I think there is a provision in the bill which makes the Veterans' Administration—puts it on the level of the War and Navy Departments, second possibly only to those two Departments in the matter of its importance as an essential activity. Now, under the provisions of the clause we have just referred to, could draft boards, say, if a nurse was operating or working in some veterans' hospital, that she should be deferred to that hospital, just the same as if she was already deferred?

Secretary PATTERSON. I should think that under regulations by the Director of Selective Service the boards would be instructed to give all possible deferment to a nurse who was engaged in work for the Veterans' Administration. It is a work of a highly essential character, certainly second only to the direct active work of the Army and Navy nurses and to no other, and it would seem to me a pretty clear case for the deferment of nurses employed in the care of disabled veterans by the Veterans' Administration.

The CHAIRMAN. In other words, the only distinction between a wounded veteran in the Veterans' Administration hospital and one

in an Army hospital on the battle front, for instance, or in the battle area, is that one happens to be a soldier and the other no longer is a soldier.

Secretary PATERSON. One man has been discharged from the armed services and the other has not. Of course, the Veterans' Administration does not have the problem of providing nursing overseas the way the Army has. I should say that this sentence you refer to would certainly provide for deferment by regulation; it doesn't need to do it in the text of the act.

Mr. THOMASON. Judge Patterson, the figures you quote certainly tell a sad story, and our wounded men certainly must be taken care of, so if these nurses cannot be obtained in one place, of course they must be in another.

Secretary PATERSON. We have the judgment of the Surgeon General, to whom is committed the care of these wounded and sick soldiers, that he needs this measure to discharge those duties. He has come to Congress to tell them what, in his opinion, is necessary.

Mr. THOMASON. We are all pretty well aware of that, that these nurses must be provided. It is the responsibility of this committee to prepare a bill and put it before the House to do the job. It seems to me we have to be realistic about this thing, and, as I understand it, it is your feeling, and you also speak for the Secretary of War and the Surgeon General of the Army, that these nurses cannot be obtained by voluntary methods.

Secretary PATERSON. That is right. It is the opinion of the Surgeon General that they cannot by continuing on the present voluntary methods be secured in time.

Mr. THOMASON. And there must be some form of selective service, even though it be compulsory.

Secretary PATERSON. Yes, sir; that is a certainty; and that is a guaranty that they will be there.

Mr. THOMASON. All of us shrink from this thing of drafting anybody, especially women, but as I understand it there are plenty of nurses throughout the country.

Secretary PATERSON. Yes, sir.

Mr. THOMASON. If they were properly distributed.

Secretary PATERSON. Yes, sir.

Mr. THOMASON. So it is a question of selective service, even though it must be done, as I said a while ago, by compulsory methods. It is your opinion and that of the War Department, it is your judgment that you can get them in no other way, and the emergency is so great that some form of legislation, like the May bill, is absolutely necessary.

Secretary PATERSON. Yes, sir. I note, too, that in paragraph 5 of this bill provision is made for the continuance of voluntary recruiting. The main provision of the bill is to serve as a guaranty to our sick and wounded soldiers—as a guaranty in view of the failure of recruiting to meet the full needs, that they will not suffer for lack of care.

Mr. THOMASON. Then you feel that the highest priority goes to the wounded soldiers in service, and that by some process of selective service that may be helpful not only to the Veterans' Administration, which certainly has a big job on its hands—and I know General Hines is here to tell us about that—but that it may also be helpful to private

hospitals and to the civilian needs of the country to have these nurses properly selected and assigned?

Secretary PATTERSON. Yes, sir.

Mr. THOMASON. That is all.

Mr. ARENDS. Mr. Secretary, when this bill was originally introduced, there was immediately a step-up in enlistments of nurses all over the country—I don't know the exact figures, but we have heard about them—and you make the statement that now this is slowing down, the voluntary enlistments are on the downgrade.

Secretary PATTERSON. Yes, sir.

Mr. ARENDS. Do you happen to have those figures available, as to how it was stepped up, and how it has slowed down?

Secretary PATTERSON. No: the Surgeon General can provide them. I think, by weeks, the greatest response was the very week following the President's message, and that there has since been a steady dropping off.

Mr. ARENDS. That is all.

Secretary PATTERSON. Nothing that has occurred since the date of the President's appeal has altered the opinion of the Surgeon General or of the War Department that the problem is too grave a problem for us to rely solely upon the chance of voluntary recruiting.

Mr. KILDAY. Judge, I have been concerned with the constitutionality of the bill, as affecting just one profession. I am sure that is going to arise on the floor when we get the bill out. I wonder if the Department could not prepare a brief for us on that subject.

Secretary PATTERSON. We have one, I believe, Mr. Kilday. Have you got that, General Smith?

General SMITH. I don't have it with me. I could get it.

Mr. KILDAY. I would like to have an opinion from the Department as to the matter of class discrimination. I know we will face that argument on the floor when we get the bill out.

Secretary PATTERSON. Personally I haven't the slightest doubt as to its validity. I believe we can furnish you with a reasoned argument on that score.

Mr. KILDAY. It just occurs to me that we have not attempted, in the mechanics of it, to provide for that, but there are, I believe, certain practices under the Selective Service Act—

Secretary PATTERSON. I don't believe there is the slightest doubt of the fact that if we needed sanitary engineers, say, in numbers larger than those furnished by the ordinary process of the selective service, that the Director of Selective Service could respond to our call by directing his local boards to get the necessary number of sanitary engineers for us.

Mr. KILDAY. I think he has done that with a number of occupations, but they have all had the same service liability. I would like to have such a brief.

Secretary PATTERSON. Yes, sir.

Mr. CLASON. Mr. Secretary, I understand that the inability of the Surgeon General's office to determine sufficiently far in advance the needs for nurses to get an established program in operation is more or less at fault. According to the testimony which we have had here, at one time the persons in charge of securing the recruitment of nurses, Red Cross and otherwise, were told the ceiling was 50,000. About a year ago they worked up a program that sought the efforts of Government bureaus to give them some publicity, and the ceiling was cut

to 40,000, at a time when they had 37,000 nurses, and the Government publicity bureau refused to carry out a publicity program. Since that time we find that the 40,000 program was stepped up to 50,000, and apparently the number of nurses has reached 40,000. The testimony given here by nurses and persons connected with the nursing profession since I have been at the hearings has indicated it would be perfectly possible to get 6,000 more nurses and maintain the attrition losses by July 1 of this year, bringing it to 50,000.

Secretary PATTERSON. Fifty thousand?

Mr. CLASON. Yes.

Secretary PATTERSON. We need 60,000.

Mr. CLASON. That is another problem. When the Surgeon General testified before us the ceiling was 50,000. It was only a week ago, according to General Smith, that the ceiling was stepped up to 60,000.

Secretary PATTERSON. The President announced on January 6, and the Secretary of War, also, that the need was 60,000, and from that time forward it was 60,000. Whether they adjusted the books down at the General Staff to reflect that immediately or not is another matter. I think when the Secretary of War and the Commander in Chief fixed the ceiling at 60,000 on January 6, that is enough for the War Department. Whether they adjusted the ceiling on that date down in the General Staff from 50,000 to 60,000 is a matter of routine bookkeeping, which doesn't matter.

Mr. CLASON. It seems strange to me that the Surgeon General and the others would not come here with the correct figures on what they need. They ought certainly to be in a position to testify on that important point.

Secretary PATTERSON. The Surgeon General, in the first part of January or the latter part of December, said his need was 60,000; there is no question of that. The Secretary of War adopted it; the President adopted it; it is 60,000.

However, on the whole subject, it is true that back in 1943 the ceiling was 50,000; it was lowered the end of 1943 until April, to 40,000. In April 1944 it became 50,000 and in January 1945 it became 60,000. These represented the best estimates, at the time, of the Surgeon General and the General Staff as to the need. The needs will always fluctuate and not only in this but in every other category in the war, according to the planning that is done and the best forecast they can make, and if anybody expects in a war the size of this one a perfect job, needs forecast for years and never changing, they are going to be bitterly disappointed.

Mr. CLASON. While the Army moved into Normandy in June of last year, as near as I can make out, the number of nurses in the War Department or in the Surgeon General's department did not increase from month to month by a thousand more, which they had been increasing steadily prior to that time. It seems strange to me that neither the Surgeon General or the War Department, or somebody in control of the situation did not realize, with our troops going forward toward the German boundary, that something should be done back in June of last year to maintain the increase, which would largely have done away with the need for this legislation before us today. What does the War Department do when it discovers there is a falling off of nurses, with this requirement of nurses in June 1944, to secure additional nurses?

Secretary PATTERSON. I understand the Surgeon General, together with the Red Cross, endeavored to provide additional recruits by volunteering, by the methods that had been used theretofore. All of this is water over the dam long since, Mr. Clason.

Mr. CLASON. Yes.

Secretary PATTERSON. We have the opinion of the Surgeon General right today that for the care of the sick and wounded who are in his charge he needs 60,000 nurses, and he has got 40,000, and that he needs to make up that shortage swiftly, and he says that a continuance of the methods heretofore pursued, in his opinion, will not provide them, but that he needs the benefit of this measure to get them. Now, are we going to say that we know more about that than he does?

Mr. CLASON. I don't think that on his record during the last part of 1944, that he kept on top of the ball. Now, it occurs to me that if they need 16,000 nurses, they know every nurse in the United States, they are all registered. It doesn't seem to me it would be a very extensive job for the War Department to undertake to get in touch with every one of those nurses, with every girl who will become a graduate nurse in 1945, and sell them the idea that they are needed for the armed services, and it seems to me you could expect 1 out of every 10, or 10 percent of them, to enlist under the voluntary system.

Secretary PATTERSON. And suppose they do not?

Mr. CLASON. Then you would have all you need of that 60,000, and it seems to me that from then on your graduate nurses, increasing every years, more than ever before—there will be 23,200 this year under the Bolton plan, whose education is being paid for the United States Government; next year 36,000, and it jumps up thousands each year—it seems to me the needs could be reached.

Secretary PATTERSON. Are you willing to guarantee it?

Mr. CLASON. It seems to me it would take only 2 or 3 weeks to find the answer.

Secretary PATTERSON. We have to have a guaranty.

The CHAIRMAN. And under section 5 of this bill you can do that.

Mr. CLASON. You can do a lot of things, but they could have done it in June of 1944.

The CHAIRMAN. So what?

Mr. THOMASON. Several thousand boys would probably die for the lack of nursing in the meantime. That is only a probability, that you could secure them.

Secretary PATTERSON. We have certainly had, for the last month, since January 6, the acuteness of the need brought home to the whole Nation, there is no question about that. And your present rate would not satisfy this need for 9 months.

Mr. CLASON. What has the War Department done by itself to contact every nurse in this country with a view to securing voluntary enlistment?

Secretary PATTERSON. I understand through the National Red Cross that has been brought home.

Mr. CLASON. Has any sum of money been allocated, that you know of, by the War Department for the purpose of securing voluntary enlistment of nurses?

Secretary PATTERSON. You mean direct, rather than going through the Red Cross?

Mr. CLASON. Yes.

Secretary PATTERSON. Not that I know of.

Mr. CLASON. Then the Surgeon General's office, in and of itself, has not attempted any recruitment campaign on its own?

Secretary PATTERSON. That is not true.

Mr. CLASON. But only through the National Red Cross.

Secretary PATTERSON. Well, all right.

Mr. CLASON. I said on its own, without regard to outside agencies, it hasn't?

Secretary PATTERSON. The Surgeon General feels that so far as voluntary recruiting is concerned, that can best be carried out through the National Red Cross, but he also feels that volunteering will not suit his need, and will not fill satisfactorily the need of the wounded and sick.

Mr. CLASON. Wouldn't you think it would be possible to secure better than 10 percent voluntary enlistment from the registered nurses of this country, if they were properly approached, within the next month—

Secretary PATTERSON. Of course, all of those 10 percent of the 250,000, or whatever the figure is, are not by any means physically qualified.

Mr. CLASON. Well, whatever number is necessary, wouldn't you expect a considerable number under the voluntary method—

Secretary PATTERSON. I wouldn't bank my belief on that pro or con, as a guaranty. The need is too urgent. Our obligation to these men is too solemn and too firm to ask them to take the risk.

Mr. CLASON. Do you know whether or not there has been any discrimination with respect to nurses, so far as race, color, or creed is concerned?

Secretary PATTERSON. I know there has not.

Mr. CLASON. You know there has not?

Secretary PATTERSON. Yes, sir.

Mr. CLASON. Then you wouldn't have any objection, in order to satisfy a large group who claim they are being discriminated against, to having a clause put in this bill to indicate it would be carried out without discrimination as to race, color, or creed?

Secretary PATTERSON. That is not necessary. They called my attention to some picture in some paper of 18 negro nurses said to have been rejected. The Surgeon General tells me that only two of them ever applied; one did not pass the physical standard, and the other was declared to be essential in her present occupation—out of the whole 18.

Mr. CLASON. But you can't see any objection to such a clause, can you?

Secretary PATTERSON. Well, I am never for amendments where they are not necessary.

Mr. CLASON. This bill would give primary consideration to the needs of the armed services; is that right?

Secretary PATTERSON. Yes, sir.

Mr. CLASON. And the others you would expect to be in a secondary or further category?

Secretary PATTERSON. I think the bill, as administered, would make better provision than they now have for civilian requirements for nursing. But if you mean that I believe the wounded soldiers and sailors are first, I say I do.

Mr. CLASON. Now, Mr. Pace has just suggested that the standards-----

Secretary PATTERSON. Has anybody suggested that they don't take first place?

Mr. CLASON. I don't think so. Mr. Pace has just suggested the standards are too high. Has any consideration been given to a change in the standards for the training of nurses to be used in the armed services?

Secretary PATTERSON. The Surgeon General tells me that he has made all kinds of flexible applications on standards, such as provisions about weight, underweight, or overweight, and that technical decisions are not being made. He says his need is so urgent that they don't hew right to the letter of the thing, but use a great deal of common sense in passing upon applications. I don't know the details of that, Mr. Clason. I have discussed it with the Surgeon General, and he tells me they are doing as flexible a job as they can.

Mr. CLASON. That is all.

The CHAIRMAN. Are there any other questions?

Mr. DURHAM. I understand that the primary need is for bedside nursing, and not for superintendent personnel at the present time.

Secretary PATTERSON. Well, the two are together. When you figure a nurse to so many beds, your figure has to take into account whether you mean the ones actually assigned to this many beds, or whether you also take into account the people who have to work in operating rooms and all kinds of special duty.

Mr. DURHAM. I understand you necessarily have to have some kind of supervision. My observation in some of the hospitals has been that you see a nurse just occasionally, and I am just wondering whether, in commissioning all these people, we won't get top heavy in superintending personnel. The bedside nursing is what worries me a little bit. From your statement I would think the objective is the bedside nursing.

Secretary PATTERSON. They also have to have the top-side supervision, and nurses assigned to all kinds of special duty.

Mr. DURHAM. That's all.

The CHAIRMAN. Let me suggest that General Hines is here and he has another engagement. I hope you will get through with the judge pretty soon. And please do not cover questions already covered.

Mr. MARTIN. Mr. Patterson, the main question before this committee and you are one in whom I have great confidence on the subject—is that of constitutionality.

Secretary PATTERSON. Well, thank you very much.

Mr. MARTIN. I think I have the full import of your testimony on that point, but I need a little further cooperation and help and I will give your brief on the subject very careful study. You know as well as I do what is bothering me on that point, that is, the matter of class legislation, and what is reasonable or unreasonable discrimination. We did not approach the subject of drafting of men in a piecemeal fashion; so that this question was not raised in quite the same degree. We didn't challenge this matter of reasonable or unreasonable discrimination, and I am interested in your statement that singling out a very restricted class is not subject to any challenge on that ground.

Secretary PATTERSON. Men in the fifties are not subject to the draft, right now.

Mr. MARTIN. There is a vast difference between the drafting of all men between the ages of 18 and 45, and that of singling out one tiny segment of the men within that age. That is where I am afraid we are going to face our challenge on constitutionality.

Secretary PATTERSON. It is a matter of national need in time of war, by a person's age or past experience or whatever skills they have that the armed forces stand in need of and the Nation stands in need of. That is what it is.

Mr. MARTIN. There are other needs for other women, too. The matter of nurses' aids is just about as severe right now as it is for nurses, if we are to conserve the nurse power of the Nation properly. There are other needs for the services of women that we could base a logical argument on a sufficient national interest to get over this matter of class legislation or unconstitutionality. I will reserve my final determination on that point, but I am glad you brought it up. It is probably the most fundamental point we are going to face when we take this bill to the floor of the House.

Secretary PATTERSON. You know that in the actual administration of the Selective Service Act we have, and I am sure, validly, issued calls to the Director of Selective Service from time to time for men in a very narrow age bracket, men of particular skills. We have told him the need was there more than for other men. I cannot see any question, so long as Congress has the power to raise and support armies, that regulations of that kind are perfectly valid according to what the particular needs of the service in the defense of the Nation may be.

Mr. MARTIN. I am glad to have a statement of your opinion on that. Now, Miss Densford, the president of the American Nurses' Association, testified here yesterday, that in her opinion we could reach the number of 55,000 nurses by July 1 by voluntary methods, though she did not think we could go beyond that. There are questions in my mind as to whether or not we could give consideration to such factors, for instance, as brought up by Mr. Pace this morning, on the matter of reducing the 50-bed requirement, and also other technical disqualifications of those who have been anxious to volunteer. Then there is another factor that I don't find has been tried out yet, or considered very heavily, and that is the possibility of providing more liberal promotions for nurses. A nurse has heretofore been required to serve 2 years before promotion from the grade of second lieutenant, that has been reduced to approximately 18 months.

That rate of promotion is a little out of line with the rate of promotion in other branches of the service, and here is a field where a nurse of considerable experience faces going in at the pay and grade of a second lieutenant and serving there for a year and a half. It just strikes me that the opening up of a more liberal promotion plan for nurses and the reducing of some of these technical qualifications, could very materially assist us in getting that figure up from 55,000, as estimated by Miss Densford, to the 60,000 that we need.

Secretary PATTERSON. Well, I am not responsible for the solution itself of our problem. The Surgeon General has said that he cannot reach, in his opinion, the needs of the service, or 60,000, by a continuation of recruiting of a voluntary character. I think that that

opinion, unless it is utterly unreasonable on its face—and I don't think it is—ought to be binding on us. He is the man charged with the responsibility.

Now, we come back to details. I don't think in any legislation of this type, we ought to get away down to the most minute details, but I am advised that the Army provisions for nurses comes closer to giving adequate compensation in contrast to what they make in civilian life than it does for the ordinary G. I. soldier who, of course, makes a tremendous financial sacrifice when he goes into the Army.

Mr. MARTIN. Could you carry your analogy farther, so that it applies to the average commissioned officer?

Secretary PATTERSON. I don't know. We could speculate a good deal about that, I suppose.

Mr. MARTIN. I have no dispute with you. We are going to do everything in our power to get 60,000 nurses at the time we need them, and keep up with any attrition, in order to give the soldiers adequate care. But I am having a very difficult time getting over my prejudice against the drafting of women at all, and especially against the drafting of any restricted class of either men or women. Those are the two big hurdles I am having to get over. I am struggling with the details here, hoping that we can hit on some plan that will attain our objective without having to cross those two barriers.

Secretary PATTERSON. The wounded and sick soldiers who need the medical and nursing care, they were drafted.

Mr. MARTIN. Absolutely, I will grant you that, and we should have been a little more farsighted in anticipating the load of wounded. I think we can all acknowledge that, including the Surgeon General.

The CHAIRMAN. I think our plans must necessarily change from time to time, as we do more fighting.

Mr. FENTON. Mr. Secretary, I certainly appreciate the figures that you gave to us today about the wounded. I have just returned from a visit to the front, and I want to heartily concur with you that we do need nurses over there. I don't believe there is any human being, even the Surgeon General, who could anticipate the needs to the exact number of nurses. I had a conference with the Surgeon General in the European theater, who is greatly concerned about the very question that concerns us here. He is now working under a handicap. Whole units are being sent over from this country not sufficiently manned with medical personnel.

Secretary PATTERSON. Eleven of them left without any nurses whatever for service in the European theater.

Mr. FENTON. That is the thing that is uppermost in my mind. Now you made the statement, Mr. Secretary, that applications have gone down, even as of today.

Secretary PATTERSON. Yes.

Mr. FENTON. I had information last week that there were 14,600 applications in January, and of that number, while they may not have made applications yet, 1,050 were selected in the month of January.

Secretary PATTERSON. I think that is right. Some of those, of course, were applications that had been made, as I understand it, last fall, the nurse, or the applicant, saying she would be ready in January. And I understand that of the applications that have come in, the greater part of them are not unconditional applications for immediate service, but they are applications saying, "I think that by

June, or May, I will be ready for induction." Of course, so far as meeting the need is concerned, I think, Dr. Fenton, you will agree that we cannot bank on that. Not only may the applicant change her mind, but it is too far deferred anyway.

Mr. FENTON. And as of yesterday, I have been informed that for the month of February, to date, there have been approximately 1,000 nurses secured by the War Department.

Secretary PATTERSON. I think that is right. That explains the 44,000 figure that I mentioned, where, at the date of the President's message, 42,000 was the figure.

Mr. FENTON. The point I want to bring out is this, that with these 14,600 people applying for applications, what procedure is the War Department taking to follow up those people?

Secretary PATTERSON. They are following them up through the service command, and through the Red Cross chapters. But if the application is for service sometime hence, maybe, you can't consider that a firm application. And that is what most of them have been.

Mr. FENTON. That is right. These were requests for applications.

Mr. ARENDS. Will the gentleman yield?

Mr. FENTON. Yes.

Mr. ARENDS. Do I understand there were 14,000 applications in January and only 1,000 were accepted; and 1,000 applications in February?

Mr. FENTON. No; there were 14,600 requests for applications, and of that number 1,050 were selected.

Secretary PATTERSON. The only difference I will take with you, Dr. Fenton, is, as I understand it, the selections were not part of that number. The 1,000 in January were cases in process before, many of them, last fall, making this number available in January.

Mr. ARENDS. Have they completed the processing of the 14,000?

Secretary PATTERSON. No.

Mr. FENTON. I don't know how many applications were received; these were requests for applications.

Secretary PATTERSON. A small percentage of them, I am told by the Surgeon General's office, were outright applications for immediate service.

The CHAIRMAN. Most of them had conditions attached to them?

Secretary PATTERSON. Or some time element.

Mr. FENTON. I am certainly very sympathetic, so far as getting the number of nurses required to nurse the boys, but I would certainly try to impress upon the Secretary that I think the processing of applications could be stepped up to less than 3 or 4 weeks.

Secretary PATTERSON. I would be glad to make sure that that is done. I agree with you. The dearth of nurses that you observed over in Europe, Dr. Fenton, of course that same dearth exists in this country, and it is particularly important now that thousands and thousands of women are being brought back to this country from the fighting theaters.

Mr. FENTON. I know. I know, I was there, and I know that those girls are working over there 18 and more hours a day.

Secretary PATTERSON. Under the hardest conditions.

Mr. FENTON. They are tired out.

Secretary PATTERSON. In tents, in the severe winter.

THE CHAIRMAN. As a matter of fact, there are a lot of them in hospitals, unable to work.

SECRETARY PATTERSON. That is right.

MR. THOMASON. If we don't give them some kind of relief, we are going to have a lot more casualties.

SECRETARY PATTERSON. That is right, among the nurses themselves.

THE CHAIRMAN. Are there any other questions? Mr. Roe?

MR. ROE. Judge Patterson was my boss up to about three and a half weeks ago, so I guess I had better not question him.

GENERAL SMITH. Mr. Chairman, at this time, I will hand you the letter of the Secretary of War, which I have not had a chance to give you before.

(The letter referred to is as follows:)

FEBRUARY 14, 1945.

HON. ANDREW J. MAY,
*Chairman, Committee on Military Affairs,
House of Representatives.*

DEAR MR. MAY: I have been personally concerned for some time with the shortage of nurses for the Army and the unfavorable outlook.

Late December, after studied consultations with the Surgeon General of the Army, I became convinced that the War Department could not, in good conscience, longer hazard the proper nursing care of our sick and wounded with the uncertainties attending volunteer recruitment.

Accordingly, after assuring myself by study and counsel of the power of the Congress to act, I placed the facts before the President urging that he recommend amending the Selective Training and Service Act so as to provide for the induction of nurses into the armed forces. As you know, the President included such a recommendation in his annual message to the Congress on January 6, 1945. I am enclosing a copy of that portion of his message for your ready reference. Three days later you introduced H. R. 1284, the preamble of which proposes a declaration by the Congress that it is imperative to secure immediately the services of additional trained and skilled women nurses. In the course of the hearings of your committee, the Surgeon General of the Army and his deputy testified at some length fully supporting the President's recommendation.

In the meantime, the pertinent facts have not changed. True, there has been some increase of inquiries and applications but nothing has happened to justify assurance that the necessary nurses will be obtained as needed. As the President so aptly stated the fact: "The need is too pressing to await the further outcome of efforts at recruitment."

The President states in detail the pertinent facts with which I am thoroughly conversant and, therefore, will not encumber the record by repeating them.

Sincerely yours,

HENRY L. STIMSON, Secretary of War.

ANNUAL MESSAGE OF THE PRESIDENT OF THE UNITED STATES

The annual message of the President of the United States, which was this day read to the joint meeting of the two Houses of Congress, is as follows:

To the Congress of the United States:

In considering the state of the Union, the war, and the peace that is to follow, are naturally uppermost in the minds of most of us.

This war must be waged—it is being waged—with the greatest and most persistent intensity. Everything we are and have is at stake. Everything we are and have will be given. American men, fighting far from home, have already won victories which the world will never forget.

We have no question of the ultimate victory. We have no question of the cost. Our losses will be heavy.

We and our allies will go on fighting together to ultimate total victory.

* * * * *

In October 1944, while some were saying the war in Europe was over, the Army was shipping more men to Europe than in any previous month of the war.

One of the most urgent immediate requirements of the armed forces is more nurses. Last April the Army requirement for nurses was set at 50,000. Actual strength in nurses was then 40,000. Since that time the Army has

tried to raise the additional 10,000. Active recruiting has been carried on, but the net gain in 8 months has been only 2,000. There are now 42,000 nurses in the Army.

Recent estimates have increased the total number needed to 60,000. That means that 18,000 more nurses must be obtained for the Army alone, and the Navy now requires 2,000 additional nurses.

The present shortage of Army nurses is reflected in undue strain on the existing force. More than a thousand nurses are now hospitalized, and part of this is due to overwork. The shortage is also indicated by the fact that 11 Army hospital units have been sent overseas without their complement of nurses. At Army hospitals in the United States there is only 1 nurse to 26 beds, instead of the recommended 1 to 15 beds.

It is tragic that the gallant women who have volunteered for service as nurses should be so overworked. It is tragic that our wounded men should ever want for the best possible nursing care.

The inability to get the needed nurses for the Army is not due to any shortage of nurses. Two hundred and eighty thousand registered nurses are now practicing in this country. It has been estimated by the War Manpower Commission that 27,000 additional nurses could be made available to the armed forces without interfering too seriously with the needs of the civilian population for nurses.

Since volunteering has not produced the number of nurses required, I urge that the Selective Service Act be amended to provide for the induction of nurses into the armed forces. The need is too pressing to await the outcome of further efforts at recruiting.

The care and treatment given to our wounded and sick soldiers have been the best known to medical science. Those standards must be maintained at all costs. We cannot tolerate a lowering of them by failure to provide adequate nursing for the brave men who stand desperately in need of it.

* * * * * FRANKLIN D. ROOSEVELT.

THE WHITE HOUSE, January 6, 1945.

THE CHAIRMAN. The next witness will be General Hines.

STATEMENT OF GEN. FRANK T. HINES, ADMINISTRATOR OF VETERANS' AFFAIRS

THE CHAIRMAN. General, I would suggest to you that I was not present at these hearings this past week, but I understand your representative testified rather lengthily about these matters.

General HINES. Colonel Ijams, Assistant Administrator, was here.

THE CHAIRMAN. And that he went into the whole field very thoroughly. Now, if you have any additional suggestions, we would like to have them.

General HINES. Mr. Chairman, I will be very brief. I think I can state it in a few words. Colonel Ijams did cover the subject very thoroughly, and told you our requirements both present and future.

Most certainly no one could differ with the Under Secretary of War on the priority of nurses being ready to take care of those men who are falling on the battlefield, and most certainly I want to add to whatever has been said that whatever is necessary to do the right thing to protect these men should be done.

But I would like to call the committee's attention to one particular thing so far as the drafting of nurses is concerned. There are problems dealing with the nurse situation in the Veterans' Administration that this committee should not probably undertake to touch, problems which I will deal with in due course, and which deal with the question of a Nurse Corps or Medical Corps for the Veterans' Administration.

The nurses in the Veterans' Administration, and the young ones particularly, like all women in that profession, patriotically wish to

serve; they wish to serve at the front; and that is what brings me before the committee this morning more than any other thing.

While it is true that the Director of Selective Service has the discretion—which Congress has placed in his hands—and can defer our nurses, I am not sure that they would wish to be deferred, and we would lose nurses; so that I am simply asking the committee, in dealing with this particular piece of legislation, to protect the nurses who are doing the same work as the Army nurses in our hospitals.

I only need to call to your attention the procedure that has taken place between the Veterans' Administration and the armed services. We have committed ourselves to keep their hospitals clear of those patients that they wish to discharge, and many of whom require further hospitalization. More than 118,000 of these men in World War II have gone into our hospitals. Many of them have gone out, but we are carrying a load now, and an increasing load, of 16,000.

Among this group of patients are very badly injured veterans of this war. They involve—for instance, I was up to one of our hospitals near Boston only last week and saw 18 veterans, young men, who have spinal-cord injuries, one of the most difficult to repair, requiring extraordinary nursing service, because they are paralyzed at least from the waist down in most cases, and with other complications. Now, those cases are coming to us in increased numbers; they require extraordinary nursing service, more than the normal nursing service on a ward. They will require a great amount of surgical intervention, because it would be unthinkable for those men to be permitted to lie on their backs, paralyzed for the rest of their lives, when we know there is a chance of getting them about, either in a wheel chair or with artificial appliances, or something that will help them get out of the hospitals. Some of them are lying face down. No veteran should be continued in that condition any longer than necessary.

Now, we have nurses that feel we should do more for them. I agree with them. It is our business to try to do more for them, and that is the real crux of the situation so far as competition between the Veterans' Administration and the Army and Navy is concerned. Our nurses do not get veterans' benefits or veterans' preference. Every one of the Army nurses, the WAVES, the WAC's and the SPARS that go in, get the benefits of the G. I. bill and all the other benefits given to servicemen.

I am not going to ask this committee to cure that. That is a matter that I shall take up with the Congress in a different channel. I am simply asking this committee, if you make up your minds to pass a draft act for nurses, that some provision be made so that the nurses in the Veterans' Administration will not be drawn out.

Now, I am perfectly willing, and it would be the right thing for us to do, if we have any young nurses—and the young nurses should be sent overseas; because I doubt very much if many of our nurses of the older group could keep up with the speed that is necessary overseas in handling the wounded; the younger ones could. But when those are withdrawn, we must have replacements; otherwise we cannot keep our agreement with the War and Navy Departments on handling, particularly, the badly injured cases which the War Department will be compelled to clear their hospitals of in due time—and they are the neuropsychiatric patients, the most difficult to handle, the tubercular patients, which require long periods of hospitalization.

Now, let me simply call your attention to just three letters that have come into me in the last 2 or 3 days, or to the Medical Director, that will indicate what is going on in the field. And in giving you this information, let me say to you that the War Department and the Navy Department have cooperated with the Veterans' Administration to the *n*th degree. If they had not cooperated in furnishing limited servicemen as attendants, if they had not done all that they could reasonably do in not accepting nurses until they have been out of our service 60 days, we would have been unable to have operated our hospitals up to this time.

The CHAIRMAN. General, let me interrupt; you have an understanding with those two services, the Navy and the Army, that you work together and cooperate on those matters, do you not?

General HINES. Very much.

The CHAIRMAN. And you have had no trouble?

General HINES. We have had no trouble in that.

Now, I think Judge Patterson's statement here was fair; he would expect, and so would we, that the Director of Selective Service would defer our nurses, but the boards will be faced with the proposition of our nurses wanting to go, and I am not sure that it is going to be so easy to defer people who want to serve.

Mr. SPARKMAN. General, may I interrupt?

General HINES. Certainly.

Mr. SPARKMAN. Would your situation be taken care of by a provision written into the law, something along this line: "Provided that no nurse would be available for induction unless and until she could be certified to the Selective Service by the Procurement and Assignment Service"? In that way your nurses could be protected; and, furthermore, there could be an even taking, or proportionate taking, of nurses throughout the country, so as to conserve private nursing, as well as the nurses of the Veterans' Administration.

General HINES. Well, Mr. Sparkman—

Mr. THOMASON. And also replacements by qualified persons.

General HINES. I think the replacement should come first before the nurse is taken out. I wouldn't like to subscribe, Congressman, to the proposition of the Procurement and Assignment Service doing that. I have gone through some battles with that agency myself in getting doctors and in trying to get their assistance; and while I think their intentions have been excellent, the results have not been so good.

I feel that when the certification is made to the Director of Selective Service on the question of our nurses, it should come from my desk. Otherwise, I would be fearful of the results that will take place if the Veterans' Administration hospital service breaks down.

Mr. THOMASON. Right there, if the Army and Navy, through selective service, should take some of your younger nurses, who are qualified to go overseas, whether they have been drafted or volunteered—then if the Selective Service, in turn, gives you, simultaneously, a replacement—

General HINES. That is all I ask.

Mr. THOMASON. Then you would be satisfied with that, would you?

General HINES. That is all I ask.

Mr. THOMASON. We ought to work that out on that basis. That is the way it ought to be, and that is the way I think it can be.

General HINES. Of course, that will accomplish what I am striving for. The training is the problem. We would lose trained nurses, but we can train them better here than they could train them over on the battlefield. I realize that.

But let me cite just one instance: Here is an extract from a letter from one of our large facilities at Wood, Wis., dated February 7:

Miss McAvoy, our chief nurse, informed me today that 20 of our staff nurses have contacted the Army recruiting office with the idea of being commissioned in the armed forces. While we appreciate the nurses' patriotism, we are not in a position to lose their services without seriously interfering with the efficiency of our present staff.

From one of the largest facilities, near Chicago, where we have some of the most difficult cases, including not only the type that I mentioned before but some equally as bad—on the same reservation with this hospital is a large 1,500-bed Army hospital, 1,000 of those beds tagged to be taken over by us when the Army no longer needs them, where the flow of patients from that hospital to ours will be facilitated—I got this letter, dated February 6 [quoting in part]:

It appears that the nurses undergoing training are recruited by the Army Nurse Corps during the last year of school, and if at that time they are interested in appointment to the Army Nurse Corps a record is made of that fact for further development. Later, when these nurses have graduated and passed their State examination, that information is furnished to the Army Nurse Corps, who then follow it up in the course of their recruitment program and effect appointment.

We have taken in a large number of cadet nurses, senior cadet nurses, for training. We train them, get them ready, and out of about 156, 19 of them stayed in the Veterans' Administration service.

I don't complain on the matter of training; it is a question of getting some priority.

Now, Mr. Chairman, there has been talk of a Nurse Corps bill for the Veterans' Administration. That may be the solution. But that is not what is before you at this time. What is before you is simply one problem, and I am only asking one thing, and that is, after the Army and Navy needs, that the Veterans' Administration get nurses, and that we be protected in this in the manner I have indicated.

The CHAIRMAN. General, is that your statement?

General HINES. That is my statement.

The CHAIRMAN. Well, I would like to ask you just one question: Do you have any fear that the Selective Service System, in the administration of this act—if we gave them the same power that they have under existing law, to defer, classify, or replace—that they would not deal fairly with your Administration, as between War, Navy, and the Veterans' Administration?

General HINES. No; I have not. I think they would deal with it fairly, if you put in a provision that will indicate the desire of Congress that our nurses not be depleted by this draft legislation, except that the younger nurses can be taken when replacement is given.

The CHAIRMAN. You mentioned the younger nurses. Do you think the age bracket in this bill, 18 to 45, is about right, or would you suggest a change?

General HINES. I would put it a little higher—20 to 45.

The CHAIRMAN. Twenty to what?

General HINES. Twenty to forty-five. That would be my suggestion; but that is a matter, of course, that the War Department has

probably given greater consideration. But I believe young women should be given an opportunity to train in this country.

Mr. THOMASON. Boiled down, General, you favor this legislation, provided the first and highest priority goes to our boys who have been wounded in combat, and then that the veterans have second priority over the outsiders?

General HINES. That is my contention.

Mr. THOMASON. And on that basis you favor this legislation?

General HINES. I do.

Mr. THOMASON. It is also your considered judgment that these nurses cannot be obtained by voluntary methods.

General HINES. I doubt if they could, with any degree of speed, and apparently, from the War Department's information to this committee, there must be speed.

Mr. THOMASON. In other words, you advise this committee to resolve the doubt in favor of the wounded boys, do you not?

General HINES. Undoubtedly; no question.

Mr. ARENDS. Do you feel that the language in the bill, on page 2, is such that the local draft boards could be fair in the interpretation of this act? I might say to the chairman that there is an amendment to that act, known as the Tydings amendment, and yet the local boards are not functioning under it, and farm boys are being inducted—

The CHAIRMAN. We are not discussing that amendment..

Mr. ARENDS. I know; but you asked the same thing about this.

Mr. BROOKS. Suppose the committee also felt inclined to place in the bill a provision permitting the War Department to assign nurses to you.

General HINES. That would solve it.

Mr. BROOKS. Would that solve it better than your proposition?

General HINES. No; it wouldn't solve it any better, but I have placed a proposition which seems reasonable to me before the Secretary of War, and that is the commissioning of our nurses in the military service and placing them on detached duty, which would then give them the choice of taking the younger nurses and placing their older nurses in our hospitals.

Mr. BROOKS. Of course, that is one of our serious problems—the fact that these young nurses want to nurse the men that are wounded in battle; but if they stay in your hospitals and nurse them, then, after the war, they are in the position of not having service priority which the nurses in the armed service will have.

General HINES. That is right. They will be in keen competition with those who are serving, who will have veterans' preference, and I think that is one of the problems which faces them and causes them to leave our service and go into the Army or the Navy.

Mr. BROOKS. I want to ask one more question. General, you have had experience and knowledge overseas as well as in this country; do you think there should be the same age limit for nursing service overseas as there is in this country?

General HINES. No; I think that the younger nurses should go overseas. I think that the service is so hard that the nurses of some of the ages I have, where we waive the age limits under civil service, certainly could not stand the long hours and the conditions under which they have to work.

Mr. BROOKS. What ages would you suggest?

General HINES. I think, taking the ages of the young men in our Army, which average along about 24 or 25, in that group, would be best. If I were fixing the age, I would put it between 20 and 30.

Mr. BROOKS. You wouldn't send nurses over 30 overseas, would you?

General HINES. I would not.

Mr. CLASON. Why isn't this a proper bill, if we are going to have legislation on the subject, to put a clause in to the effect that any nurse in the Veterans' Administration shall receive the same commission and the same benefits as those who are serving the wounded soldiers in the Army? They are the same soldiers, coming back from this war.

General HINES. Congressman, I think that legislation would probably be better in a separate recommendation from me. I contemplate recommending veterans' status for these nurses, either by a corps bill or by another bill covering them in that way. I didn't feel that the committee probably would care to have this legislation involve a problem that might cause further debate on the floor.

The CHAIRMAN. You agree with the chairman exactly.

Mr. CLASON. I think you would be very likely to get an amendment along with the bill at the same time, because I have a feeling that most of us are of the opinion that the nurses in the veterans' hospitals have been doing a wonderful job and ought to have this civil-service advantage that goes to the veterans of the war, as well as the commissions.

General HINES. I feel they should have the veterans' benefits and preference, and also the salaries. I feel the whole thing ought to be done at once, and I contemplate recommending such action to the Congress.

Mr. CLASON. Well, if it will take 16,000 more nurses to satisfy the requirements of the Army—and they have to have them at once, as I understand the testimony of the Army, by April, perhaps—where would we get 16,000 to replace them if they are taken out of the veterans' and other hospitals?

General HINES. I couldn't replace them if they are taken out of our hospitals under the present conditions. We haven't come anywhere near meeting our needs. I have looked at the present and future requirements of the Veterans' Administration. We are committed to a large building program, which has passed the House already, 14,000 additional beds, within the next 15 to 18 months. That means at least 3,000 more nurses. That will not be all. When we build it up to 300,000 beds, following demobilization, we probably will not be faced with any great shortage of nurses, because on demobilization there will be a large number of nurses that will come out. However, we are right now at a point where if we lose nurses we impair the efficiency of our hospitals. That is the urgency from our point of view. We have gone along up to this time and tried to meet the situation by using nurses who normally we would not put on duty—older women, nurses' aides, cadet nurses. But now we have reached the point where there is no field in which we can recruit and keep up the work, and therefore I am asking to be protected until we can get on a better basis of benefits for our workers.

MR. CLASON. How could a selective-service board in Northampton, Mass., a small city, with a lot of nurses in the veterans' facility, feel called upon to take nurses from the only available hospital there, the Institute for the Insane—how is that particular board going to get a replacement for the city of Northampton for the number of nurses which it takes out of that institution?

General HINES. They could not; and that is the reason I am asking for that amendment, so that they will not take them out.

MR. CLASON. What would you say about taking replacements from a large city hospital, such as Mount Alto here?

General HINES. I think that should be given careful consideration.

MR. CLASON. You wouldn't think that they should close up any of our emergency hospitals here, in order to protect Mount Alto, would you?

General HINES. I think that should be considered and really excellent judgment exercised in withdrawing nurses from civilian hospitals as well.

MR. CLASON. When it comes to taking a nurse from a private patient, if the patient's doctor insists that the case is such that there must be a nurse, just how would you handle that?

General HINES. I have an idea that if the Selective Service Act does what it is supposed to do, that it will take into account those propositions, and will not go quite that far. That is the problem that we face. A man may be in Walter Reed tomorrow and be discharged and be in Mount Alto or one of our other hospitals the next day. Certainly that man is entitled to expect that he will get the same form of treatment at Mount Alto or any other Veterans' Administration hospital that he gets in the Army hospital, and it is our purpose to make sure that he does. I wouldn't suggest any amendment if it were not for that very fact, and to carry out the mandate of Congress, that in personnel, in material, in the G. I. bill we qualify next to the Army and the Navy.

The CHAIRMAN. Let me interrupt here just a minute. General, you have submitted your report on this bill and the suggested amendment; that takes care of that?

General HINES. That takes care of it.

MR. CLASON. How would you expect to get your replacements among the 16,000 nurses? Are they going to be married nurses, or what?

General HINES. We have received a number of those. We feel we can get women who desire to stay in the community, who will stay in a veterans' hospital if they are protected there, where they cannot really go overseas without detriment to themselves or their families. So I feel we will have a field to recruit from, with the protection to the nurses that we now have, and have recruited sufficient to keep going.

MR. CLASON. You feel that the law would accomplish this without a tremendous upheaval in the other hospitals?

General HINES. The selective-service boards will have to exercise good judgment, or they may upset, in some communities where there is a shortage of nurses in civilian hospitals, the balance. That I think is best known to the Procurement and Assignment Service. But I can see no necessity for that unit getting into the Government

business, particularly since the G. I. bill has been passed giving us a status next to the Army and the Navy.

Mr. CLASON. What about male nurses; why can't you use them in psychiatric cases?

General HINES. We use very few nurses in psychiatric hospitals. Maybe Colonel Ijams gave you the ratio. We use attendants, as we call them, rather than nurses. I could get you the ratio.

The CHAIRMAN. That is already in the record, General. It will not be necessary to put it in again. I think it is in. However, there are attendants, rather than nurses, used in those cases?

General HINES. That is right.

Mr. CLASON. What percentage of male nurses can be used by the military?

General HINES. Congressman, we have had difficulty in getting even attendants, and we have something like 6,000 detailed under their own officers from the military at the present time.

Mr. SPARKMAN. Is it true that under the law as it exists today the armed services can detail personnel to your hospitals?

General HINES. Yes, sir.

Mr. SPARKMAN. And, as a matter of fact, if we pass this draft act, they could then detail nurses?

General HINES. Yes, sir.

Mr. SPARKMAN. After they have taken them in and commissioned them?

General HINES. Yes, sir.

Mr. SPARKMAN. General, I am very much impressed with the statement you made about the necessity of your certifying to any nurse that may want to go from the Veterans' Administration Service into the armed service. Would it satisfy your needs, instead of providing that your nurses be not drafted, to add to the suggestion I made a few minutes ago with reference to the use of the Procurement and Assignment Service, another proviso, that no nurse in the employment of the Veterans' Administration would be certified except on certification from you?

General HINES. Or released by us.

Mr. SPARKMAN. Or released by the Veterans' Administration.

General HINES. Yes.

Mr. SPARKMAN. In that way you would be given a high priority, and at the same time the Procurement and Assignment Service could be left there to protect the distribution throughout the country.

General HINES. And I think there is a real necessity for that in the civilian communities, individually, but I think the question of them deciding how many nurses we need in an institution is wholly outside their jurisdiction.

Mr. SPARKMAN. General, to what extent are you using conscientious objectors as attendants?

General HINES. Only in one institution. We are using them at Lyons, N. J., and with one or two exceptions they have turned out to be hard working, good attendants.

Mr. SPARKMAN. Is there in contemplation the use of additional numbers?

General HINES. No, sir; I wouldn't extend the service. I think we have utilized as many as we can utilize, and I prefer the limited-service men detailed from the Army for that purpose.

Mr. MARTIN. General, do you have some unfilled need for nurses' aides or for attendants who do not have nurses' ratings?

General HINES. We can use nurses' aides for limited service. We prefer to get registered nurses, and we have kept our standards high with the exception of the physical disabilities and age. But wherever it is possible, we prefer to get a nurse who has been trained to the point that we can safely trust her on a ward.

Mr. MARTIN. Have you been able to get the number of aides and attendants that you need?

General HINES. We have been able to get the attendants only with the assistance of the Army, by the detailing of limited-service men in many areas. In some areas we are still able to get them. With the aides we were doing very well until the Army also started to take nurses' aides and that limited our supply.

Mr. MARTIN. I was just wondering if this bill was made to cover the drafting of all women, would that help you to fill the need that you have for aides and attendants other than nurses?

General HINES. I would say to the Congressman that it would aid much more, I believe, if recruiting for WAVES and WAC's were stopped, since that is the pool from which nurses, nurses' aides, and cadet nurses would come.

Mr. MARTIN. We cannot anticipate the stopping of recruiting of WAC's necessarily at this time in the war, and I wondered, if you were having difficulty in getting aids and attendants, if you felt the matter of conscription should be extended beyond that of nurses.

General HINES. Well, I know exactly the point the Congressman has in mind, but I am afraid I can't help you, because I believe we can get over the rest of the problem with the assistance the War Department is now giving us on limited service men.

The CHAIRMAN. They have a limited service bill pending over in the Senate.

General HINES. Yes, and in connection with that bill, I have suggested that we also get some of those men.

The CHAIRMAN. You have no trouble in getting them?

General HINES. No, we have to go through a rather long process, but it is working.

Mr. MARTIN. From this point forward, for the balance of the war, your responsibility is going to increase tremendously; you will have a greater and greater load.

General HINES. Yes.

Mr. MARTIN. And soon, if we don't call off the recruiting of WAC's and WAVES, you are going to be faced with some graver problems.

General HINES. I will probably have to suggest an amendment to the national service law to get personnel.

Mr. MARTIN. Mr. Sparkman made the point that if we passed this legislation, the Army could then assign to you those nurses that you need. My point is this; as I understand the law as it now exists, you can make that arrangement with the Army under present authorization, can you not?

General HINES. That is correct.

Mr. MARTIN. And that does not depend at all upon the passage of this act.

General HINES. This language is in title 1, of the Public 346:

The Veterans' Administration is hereby declared to be an essential war agency and entitled, second only to the War and Navy Departments, to priorities upon personnel, equipment, supplies, under any laws, executive orders, and regulations—

and so on. The second provision is one which permits the Administrator of Veterans' Affairs and the Secretary of War and the Secretary of the Navy to agree upon the use of personnel in our institutions.

Mr. MARTIN. Now, as to the commissioning of nurses and assigning them to you—if the nurses in your employ who could qualify for a commission, could be so commissioned, it would go a long way toward solving your problems, would it not?

General HINES. Yes.

Mr. FENTON. I appreciate your dilemma, General Hines, with regard to the nursing situation, and having to step down second only to the Army and the Navy. Personally I am not willing to subscribe to your stepping down, because, after all, you have under your care boys who are soldiers, and while I realize the difference between an acute case and those that require constant attention, yet it seems to me like the old adage, you are robbing Peter to pay Paul. These boys certainly are entitled to the best care they can get. I was very much interested in your statement that if recruiting were to cease in the WAC's and these other auxiliary services of the Army and Navy—if it were stopped for just 1 month, the number of inquiries coming in for applications in the WAC's and WAVES, if utilized for 1 month, I believe that we could receive a lot more nurses.

General HINES. Well, I wouldn't know to what extent, but I have always felt that the field from which that type of personnel comes is the recruiting field for nurses, at least either for training or actual nurses.

Mr. FENTON. If that same effort were applied to nurses, I believe for the immediate needs we could get a substantial number. Now, they tell us we need these 60,000 by July 1. In my humble opinion, we need them right now.

General HINES. I know I need 800 nurses right now.

Mr. FENTON. This thing of waiting until June 30—

The CHAIRMAN. We are not going to wait that long.

Mr. FENTON. Mr. Chairman, I would think that a concentrated effort on nurses only would produce a great number of nurses.

The CHAIRMAN. The situation is that up to now it has not done so.

Mr. STEWART. General Hines, it is the policy of the Veterans Administration that each veteran have an equal opportunity, is it not?

General HINES. It is, yes.

Mr. STEWART. Do you feel that veterans who had signed a protest—to illustrate, if 19 post commanders, past and present, had condemned a superintendent or head advisor of an institution, they could receive equal consideration from those who had to take a like position?

General HINES. That is a rather hypothetical question. It is rather difficult for me to give you a yes or no answer.

Mr. STEWART. You have such a case in your organization.

General HINES. I would like to have you tell me what it is so that I can look into it for you.

The committee will stand in recess until 2 o'clock.

(Whereupon at 12:15 o'clock, p. m., the committee recessed until 2 o'clock, p. m.)

PROCUREMENT OF NURSES

WEDNESDAY, FEBRUARY 14, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,

Washington, D. C.

The Committee on Military Affairs met, pursuant to adjournment, at 2 p. m., Hon. Andrew J. May (chairman) presiding.

The CHAIRMAN. The committee will please be in order.

Mrs. Agnes Waters, will you come around please?

Mrs. WATERS. My name is Agnes Waters, and I live at 3267 N Street NW, Washington, D. C. I am the unofficial legislative representative of millions of American women, who are opposed to this draft bill. I have fought every step to war and every draft bill.

I oppose this bill on the ground that it is unconstitutional and is class legislation, penalizing and enslaving the most patriotic group of women in all the world, which is the American nurse, and it would set a precedent to draft all women and all civilians as labor slaves and destroy our Republic.

This would injure, rather than help, our war effort. I represent mothers all over this Nation, whose sons are in this war, some of whom are wounded and lying in hospitals, probably dying at this very moment, and who are most anxious that our boys be provided with the utmost care when sick or wounded.

But we do not feel that this bill to draft women nurses is the proper approach or solution in this terrible crisis.

We think the solution lies in opening the bottlenecks and cutting the red tape which exists under the Red Cross. Mr. Chairman, may I add that I went down to the Printcraft Building and to all buildings where the Red Cross is supposed to be processing applications made on a voluntary basis, and I found the confusion is so tremendous that it is terrible. They are short of clerks; they are even appealing wildly on streetcars to women to come down to help get out those applications, that they cannot handle, as their help is poorly paid or volunteers. I understand the processing of voluntary nurses is in the hands of the Red Cross. Now, this country has appropriated millions of dollars for our war effort, and certainly the most important thing we can do is look after the welfare of our wounded and sick. If this is to be left to a charitable or relief organization, I think the war effort has failed to a tremendous degree.

I think the Army should take it over, with some of the appropriations that Congress has made for that particular purpose. I am sure you must have made appropriations for the care of our sick and

wounded boys. Why should it be left to a charitable organization which collects pennies and dollars and handles it through a very incompetent and obsolete manner?

We think the recruiting of nurses on a voluntary basis has been neglected to a very large extent by the executive departments, leaving this all-important matter to a charitable agency such as the Red Cross, and I want to call your attention to the fact that in 1930, I demanded an investigation of the Red Cross, and Senator Walsh of Montana held that investigation in the Senate. I believe former Congressman LaGuardia at that time in the House, made the statement on the floor of Congress that the head of the Red Cross was paid \$75,000 a year, that they had contributed over a million dollars for a building to hold social teas in, and they had \$44,000,000 on deposit in banks, frozen assets, that they would not release at that time, when our people were dying and needed it. So they wanted an appropriation of \$25,000,000 and you probably remember that. You remember the time LaGuardia came out of the closed hearings where John Barton Payne was being examined. I was behind that investigation, and I am thoroughly disgusted with the Red Cross, if that is the method they are using today, which was obsolete in 1930. They are behind the times a hundred years.

I suggest that these functions be brought up to date under voluntary methods by Government-financed programs under the Army. Certainly, our Army officers have a great stake and a great interest in providing our boys, and our soldiers, with the proper medical care. I believe you have as Surgeon General in the Army with an office and equipment ready and efficiently set up for that purpose. Why should it be delegated to the Red Cross, where bottlenecks are causing this crisis. Fourteen thousand applications in a month, from free women, and those free women must be penalized because the Red Cross is absolutely obsolete. Trying to handle 14,000 applications with poorly paid help. That is not fair to those people. There is no doubt that almost every girl who ever took her oath as a nurse has done so actuated by her childhood dreams of being of service to her country in time of war, and I do not think there is a woman who has a sweetheart, husband, relative, or son, who would not voluntarily go to his help today. Yet when they do volunteer they are held up by inefficient outmoded charitable racketeers handling the Government's business.

There is no doubt also that the story of Florence Nightingale has in some measures inspired and influenced their decisions to become nurses, and most of them stand ready and willing to serve our wounded boys as volunteers and wonder at the delay.

I want to tell you that I had information, when I went out to lunch, today from the Nurses' Association that over 25 percent of the nurses of this country have already volunteered in the Army, and the balance stand ready to volunteer further.

Only 1 percent of the women of this Nation have volunteered as WAC's and my daughter is one of them. This bill would penalize and enslave women, because it sets a precedent for a National Service Act.

We stand ready and willing to serve our wounded boys as volunteers, but no one would want to be stigmatized as a slave under this

enforced draft bill. That is contrary to our American Republic; contrary to everything. In fact, my grandfather fought a war, the Civil War, and my granduncle also, who was colonel of the New York Volunteers, and raised his own regiment against slavery. I am dedicated, and I think every woman is dedicated against slavery of every form. That is why we are fighting the war, to stop slavery, supposedly.

The boys themselves would not want such slavery over their women as this bill provides. The bottleneck lies in the processing of applications by the Red Cross and this should be taken over by the Army, where 14,000 applications are delayed under Red Cross inefficiency. There are 20,000 Army nurses in this country, yet 11 hospital ships were sent across without nurses.

This bill, if passed, would set a precedent for total slavery. The hysteria of war is no reason for us to be stampeded like goats into relinquishing human rights that we have fought wars for, and died to preserve. We should stand firmly now against any and all propositions or bills or drafts that would overthrow our form of government, which is more precious to us than life itself, our Republic.

I am the widow of a veteran of the last world war. He was on eight fronts in France, and I am a mother of a soldier who volunteered for this war.

I do not question that some of the patriotism of the Red Cross and some of the women of the Red Cross, are wonderful, but they are absolutely incapable, inefficient, and obsolete. They cannot handle such a situation. They are inefficient, and they hire very incompetent, poorly paid clerks if any at all——

If you gave the money to the recruiting of nurses, that you have given to the recruiting of WAC's, which has never been done, to be spent for propaganda to obtain nurses for the Army things would be quite different.

The fact was mentioned the other day that large signs saying "Recruiting of WAC's" were being shown in New York, on the sides of tremendous busses. It seems to me that it might be a good idea to do that for the nurses. There has never been any money spent to save our women from a draft or to save our boys from dying, so far as I can see.

We would have less wounded and there would be no need for larger numbers of nurses if the Commander in Chief had properly provided for those boys in the matter of shells and ammunition instead of giving these supplies all to England and Russia. Mr. Churchill would not be able to boast today that 60 Americans are dying to 1 Englishman, if that had been done. When he came over here several years ago he told you that if you gave him the implements of war that is all you would need to furnish. Step by step, they have destroyed this Republic.

We are lend-leasing everything to Russia and Great Britain to the extent that we are sacrificing our own men and our Republic and now in this country we are great only because we are free, only because we are willing to fight for this freedom, and this free enterprise. Every other country, Mr. Chairman, allied with us, is a slave country. And our enemies are slave nations who cannot win the war because they have slave systems.

England adopted this program, which you are suggesting be adopted in this country, and today England is not able to take care of herself. Russia is in the same position. Russia looks to America, a free country, to provide everything for her, to do the fighting to save Russia but supposedly for us. There would be no need for larger numbers of nurses if the Commander in Chief had seen to it that our boys were properly equipped to defend themselves, instead of giving all our defense materials to lend-lease.

I ask you to investigate and repeal the "Jail or Fight" bill; I have to interrupt about it, because they charged here that there is a critical shortage of materials, and I want to know where those critical materials have gone. I would also like to know how it is that tremendous surpluses are on hand, and all kinds of materials ordered, that are not critical, which clutter up the boats and freight trains, and are subsequently being sold to junk dealers.

The CHAIRMAN. Mrs. Waters, we are considering a bill to draft nurses.

Mrs. WATERS. I am speaking of that bill, sir.

The CHAIRMAN. I know, but we are not considering the lend-lease. That belongs in another committee. Tell us what you think about this bill.

Mrs. WATERS. All right, I am going to tell you what I want done to save this country in this situation, if possible.

The CHAIRMAN. I know, but we are not considering that now.

Mrs. WATERS. All right, you asked for suggestions, and I am asking you to remove the bottlenecks.

The CHAIRMAN. Tell us about this bill.

Mrs. WATERS. To one who has for many years studied the communist movement and tactics, the blindness of some of you congressmen, with which you lend yourselves to their maneuvers is appalling. You would adopt, in this country, the very programs that they have in Russia, and aim your blows against the most helpless group, the most innocent women that the world has. It is an outrage.

With this step you are signing your own death warrants, because you are abolishing Congress. You are putting us into a totalitarian nation in which we will not be able to save ourselves. I will not even have the privilege of free speech to come up here and tell you what I think about it, which my forefathers gave to me in the Bill of Rights.

This is not a war, this is a world revolution for communism. I think you are well aware of that, for you have been backed up by the P. A. C. and Sidney Hillman. Mr. Hillman came over here at 20 years of age, from Russia, and engineered, with our money, and now with our blood, to knock down this Nation and every nation on the face of the earth so as to set up a world government. That is what they are doing right now. The Big Three are doing that today by partitioning Poland, dividing it up with Russia. That is the purpose for which they put us into the war.

In 1939, Mr. Chairman, I went to a Communist meeting where I saw those anarchists gather right here in the city, from all over the world, and for 3 days they sat down and wrote a program step by step, to take us into this war. I identified those anarchists in the Foreign Affairs Committee and the Senate Foreign Relations Committee and pointed them out, in vain.

The CHAIRMAN. Mrs. Walters, please, we want you to tell us about this legislation.

Mrs. WALTERS. All right. I will tell you. I have been very right in most of the things I have asked you to do, because if you had listened to me in 1939, we would not be at war today. I have opposed every New Deal step to war.

The CHAIRMAN. Just a minute, we want to get through here.

Mrs. WALTERS. Suppose our interests should ultimately clash with Russia at what point—

The CHAIRMAN. Just a minute.

Mrs. WALTERS. And they will have our women—

The CHAIRMAN. Just a minute, please. You must confine your testimony from now on to this bill.

Mrs. WALTERS. All right then, I shall. The truth is, the Red Cross is a charitable or relief society, that collects millions and banks most of it, but is obsolete in all its functions. It has poorly paid clerks and volunteer workers who cannot handle the enlistments of these women as nurses for the Army. It is quite apparent for all to see that this bill is a way to open the door for a national service total conscription bill to draft as slaves all our people. There is no real need for compulsion. There is a deliberate mismanagement of our voluntary American system by bottlenecks, so far as I can see.

I found out that the Red Cross offices are so swamped with voluntary applications from our women for the Army Nurse Corps that they cannot get clerks enough to answer them, and that is the God's truth.

I think it is high time we stopped these drives against the American people who are carrying on a war in two oceans, giving our sons, giving our lives, working 24 hours a day. I have given my only child who was able to go, and I think it is time we called a halt.

Let me now read a letter, from the trenches, of a boy in England, who writes—

The CHAIRMAN. Does it relate to this legislation?

Mrs. WALTERS. It relates to a draft of women; yes, sir.

The CHAIRMAN. All right.

Mrs. WALTERS. This letter was written to Senator Wheeler. He says:

I hold in my hand a letter written to me by an American boy, a sergeant in the American Army who is with our flying forces in England. He writes me with reference to the legislation which has been proposed by the President and advocated by the Secretary of War, known as the national service legislation.

He writes me as follows:

DEAR SENATOR WHEELER: Although you will no doubt be much too busy to read this, will write it anyway, just in case. In our Army paper, the Stars and Stripes, we have been following the debate pro and con on the national service law and as crew members of the flying forts of the Eighth Air Force, we feel we have a right to a few words. We would like to state and we may be quoted—

I have his name here—

That we are firmly against the bill. We do not like the idea of anyone taking our wives, mothers, fathers, sisters, or brothers from the very homes we are fighting for and place them on a farm, ranch, or any other damn place they see fit. We were led to understand that the law in question once caused a civil war and was settled for all time. Frankly, sir, we are sick and tired of hearing a few politicians try to bring slavery back to the United States.

If anyone would care to see how miserably that same law has failed in England—

and it is in operation there, where the women are drafted—— tell them to come over here. It has ruined thousands of women and broken thousands of homes.

The home is the basis of everything in America. We are trying to keep those homes together.

We did not want to come over here, and do not wish to be here now, but since we must, we will and are doing our best. However, if this bill is passed——

Now, here is your morale of the United States Army that this bill would ruin——

I for one am through flying and fighting, for when my Government invades my home, the only thing we have left, there is nothing left to fight for. Respectfully yours.

And, I have his name and address right on here.

Mr. Wheeler says:

This letter was passed by the British censor, and was passed by the American censor. When the statement is made by the Secretary of War and by others that unless the proposed legislation is passed the morale of the soldiers will be broken down, it seems to me a letter such as this furnishes ample proof that quite the contrary is true. It is certainly true here in the United States, and it is true apparently among the soldiers fighting overseas.

It also discourages labor in aiding and winning the war. I think we would do well to look into the source of these drives, these draft bills that would put the communistic action to labor and see who is behind these bills. This is a conspiracy—and I know who the conspirators are.

The CHAIRMAN. Just a minute. If you are going to testify any longer, you better confine your statement to this bill, or I am going to close your testimony.

Mrs. WATERS. This bill sets a precedent for the further drafting of women and the total conscription of all our people.

The CHAIRMAN. Are you for the bill or against it?

Mrs. WATERS. What?

The CHAIRMAN. Are you for it or against it?

Mrs. WATERS. I am against the bill. What do you think I have been arguing for?

The CHAIRMAN. All right, you have your position straight on that. That is enough.

The CHAIRMAN. We thank you for your statement, Mrs. Waters.

Mrs. WATERS. May I put the rest of it in the record; I have a few more pages of important facts to give this Congress?

The CHAIRMAN. Yes; just leave them with the clerk.

Mrs. WATERS. Thank you very much. I am absolutely against any draft bill and always have been. Thank you.

(Mr. Fenton takes charge at this point.)

Mr. FENTON. The committee will please be in order. I understand Mrs. Johnson has a statement she would like to make.

STATEMENT OF MRS. THOMASINA WALKER JOHNSON, LEGISLATIVE REPRESENTATIVE, NATIONAL NONPARTISAN COUNCIL ON PUBLIC AFFAIRS

Mrs. JOHNSON. I am Mrs. Thomasina Walker Johnson, legislative representative of the National Non-Partisan Council on Public Affairs of Alpha Kappa Alpha Sorority, with offices at 961 Florida Avenue

NW., Washington, D. C. This is an organization composed of 163 chapters in 46 States with a total membership of some 6,000. Our membership is significant because most of the women might well be considered leaders; they are all college, university, or above in training. Most of them are professional women, such as professional nurses. Some of the most highly educated Negro nurses in America belong to this organization, physicians, social workers, musicians, and others.

Our organization maintains and supports the National Non-Partisan Council on Public Affairs for the sole purpose of presenting our collective thinking and that of our communities on legislation, administration of public agencies, and public affairs of all kinds.

We should like to present testimony from the point of view of American women citizens.

Gentlemen, there is nothing in the world as important to an American woman as an American man. American women will risk their lives for the good and welfare of American men, if need be, if only the facts are presented to them. American women do not want to have the charge made against them that they have failed the American men, and, indeed, America itself, by the passage of this legislation. We do not believe that a draft of nurses, or any other civilian, for that matter, is necessary in order to adequately support the war in which we are now engaged.

The nurses' situation is not composed of the problem of adequate medical care for the armed forces alone, as important as that phase is. The other problems involved are adequate civilian nursing care, adequate nursing care for veterans, and the problem of keeping a sufficient number of nurses in training, teaching, and supervision of nurses in training of future nurses. We do not believe that this problem should be solved piecemeal. We would heartily recommend that any legislation that might be written for the solution of our nursing problems would include each of these phases.

According to the testimonies that have been presented to this committee to date, it has not been proved necessary to draft nurses. With the present ceiling of 60,000 nurses, as new as it is; with 43,000 nurses already in the Army; with approximately 10,000 applications in the process of being classified, and a time limit of June 30, we do not believe that a draft is necessary. It seems odd that there was a ceiling of 50,000 nurses as of January 6 and that there were 43,000 nurses already in the Army, which meant an established need of only 7,000 nurses, that a request for the drafting of nurses would be made. Even with a ceiling of 60,000, it is difficult to believe it would have been necessary.

In the WAC's, WAVES, SPARS, and Marines, which are military services that are relatively new for women, it has been possible to meet quotas on a voluntary basis. This has been possible because of the intensive recruitment drives that have been executed. No comparable recruitment program has been carried on in relationship to the nurses.

We do not believe that it is an honor to be drafted as a nurse, as has been pointed out in this testimony. We believe that it is an honor to serve one's country in this capacity and an honor to do so on a voluntary basis. We believe that this is class legislation and as such is discriminatory and unconstitutional. We are finding a growing apprehension in many sections concerning the unconstitu-

tional effort on the part of the military to get class legislation piecemeal. We are in accord with the idea that the military should have complete charge of the armed forces, but should have nothing to do with civilian activities.

Gentlemen, if there is to be a drafting of nurses or a draft of any civilians, we are unalterably opposed to the administration of such legislation being put in the hands of the military. An indication of the military's inability to handle civilian activities is the tremendous amount of surplus commodities now on hand which is a waste of manpower, machinery, and materials.

Surplus commodities at this moment amount to billions of dollars. This is further indicated by the fluctuations in the nurses' ceiling.

We believe that a regulation of the nursing situation is necessary. We believe that the War Manpower Procurement and Assignment, with authority to enforce its findings in cooperation with the National Nursing Associations and the American Red Cross and a planned recruiting program would get more than enough nurses. We also believe that inasmuch as the ceiling of 60,000 nurses is not needed until June 30, that the voluntary method could and should be tried.

The Army has not used the available nurses. There are at least 2,000 eligible and qualified Negro nurses who are eager to serve, and only 330 have been called. There are a great number of male nurses who are ready, willing, and able to serve, but who have been refused. Certainly, until such time as the Army is compelled to use the available qualified nurses, we would be opposed to a draft.

There have been other things that have happened to nurses that have not been brought out in these hearings for which the military might take some action. Many nurses have gone into the military service with much zeal and enthusiasm. Nurses in the military must be placed where they may be needed to be on hand at a given moment in the future. Not enough has been done by way of constantly reminding these nurses that this is the case. Many have written back home to say, "Don't join up with the military. I joined up to serve, and I am doing nothing. You are much better off where you are." Something should be done by the military to explain constantly, to these nurses who are not busy, what the situation is.

We are in support of the military needs being met, but we believe that in many matters relating to needs of various and sundry kinds, they have certainly not proved infallible. We have asked before for an investigation of the military for not utilizing available persons, particularly the use of Negroes. Thousands of Negroes are not used at their highest skill by the military; very small proportions are still being used in combat duty. Negro nurses are being used in the Army in very small numbers, and until a few days ago, not at all in the Navy; only very recently were Negro women allowed in the WAVES and SPARS—none are allowed in the Marines yet. Hundreds of Negro boys who would make excellent aviators are digging ditches.

If a group of people, and surely the military are people, will discriminate and make mistakes so grave as this, they are, by the law of averages, making others for which we are all paying.

One of the dangers of discriminations is that it knows no bounds. It is thoroughly understood that no one can foresee how many persons

will be wounded in any given situation, and the number might fluctuate, but this is certainly no excuse for putting more power over citizens under military rule.

As far as the military need, as raised the other day, is concerned, with the group now being processed, there will be approximately 47,000 in the Army; if the 2,000 Negro nurses are used, this makes a total of 49,000. By the estimates that have been made, there will be approximately 7,000 cadet nurses who would go into the service, which makes a total of 56,000. Is there anyone who would consider a draft necessary under these circumstances?

Concerning the need for adequate civilian nursing, which is certainly a part of the total picture of nursing, one cannot urge too strongly that the Selective Service not be allowed to administer this phase. Strengthening of the War Manpower Commission, Office of Nursing Procurement and Assignment, in cooperation with the national nursing associations and the American Red Cross, can and should do this job.

Concerning the Veterans' Administration need for nurses, it is certainly not to be wished that the veterans suffer for lack of nursing care through the maladministration of the Veterans' Administration. However, there has been such flagrant discriminations against both Negro patients and against Negro citizens who wished to serve in the Veterans' Administration that here again one wonders in what other capacities there has been such gross injustices and maladministration. This is so grave that we would like to ask a congressional investigation of the Veterans' Administration.

Negro doctors are not allowed to serve in any one of the 93 hospitals under the jurisdiction of the Veterans' Administration, except Tuskegee. Negro nurses are allowed to nurse in 4, which are Tuskegee, Otean, N. C., Waco, Tex., and Kecoughtan, Va. We have been unalterably opposed to the erection of any other all-Negro hospitals for Negroes for many reasons, yet General Hines in recent testimony says that he plans to build other all-Negro hospitals. We were interested to note from Colonel Ijams' testimony that General Hines had had some conferences on this matter with some groups. We are one of the groups, and the conference was most satisfactory.

General Hines speaks in glowing terms of Tuskegee and its excellence, but fails to say that this is one hospital in 93 where Negro physicians may serve, to say nothing of the injustice of segregating persons who have offered their very life for the four freedoms, justice, equality, and for their country.

It was interesting to note, too, that Colonel Ijams stated that very few of the cadet nurses who finish their training in the veterans' hospitals remain. Negro nurses do not get the opportunity to stay. Tuskegee is the only Veterans' Administration where cadet nurses are allowed to finish training. In spite of the shortage being 1,000 in Veterans' Administration hospitals, no Negro nurse need apply except for Tuskegee, Otean, N. C., Waco, Tex., and Kecoughtan, Va.

It was also interesting to note from Colonel Ijams' testimony that they had tried every possible source. There are 2,000 Negro nurses available, but he has not tried them. Until such time as the Veterans' Administration is investigated, as would certainly seem to be needed on many scores if recent investigations by one of the leading dailies are to any degree true, and necessary corrections made, it will prove

futile and serve no worth-while purpose to add compulsion to the already existing conditions.

We do agree wholeheartedly with the Veterans' Administration that nurses serving in the Veterans' Administration in war or in peace should be commissioned the same as physicians. We heartily recommend that this committee take necessary action to correct this injustice. We also believe that the salaries of nurses are a problem which commissioning would correct.

Since many of our members are teachers or supervisors of student nurses, we are vitally interested that the training programs that will be so much needed for veterans, for civilians in the post-war world—for we do envision a brighter, better post-war world in which there will be a floor put on health needs, and in which there will be health services and facilities for all, and perhaps some to spare for our world neighbors—will not be curtailed. Our training programs must go on uninterrupted. Certainly, gentlemen, you would not put the training program into the hands of selective service boards throughout the country.

It has been gratifying to see this very excellent committee of some of the finest minds in America trying so earnestly, so sincerely, so fairly, and justly to solve this problem for the best interests of America American men, our nurses, and our civilians.

Gentlemen, we sincerely hope that you will eventually determine that it is unnecessary to draft nurses. However, in the event that there is to be a draft of nurses, there must be antidiscrimination provisions placed in the legislation. We are very glad that the Honorable Mr. Clason has asked what type of antidiscrimination provisions are desirable. We would like to say that the antidiscrimination provisions in the Honorable Mrs. Rogers' bill are, we believe, adequate. If the Honorable Mr. May's bill, or H. R. 1284, is used, we would earnestly recommend the following provisions:

Amend H. R. 1284 on page 1, line 6, by striking out the period, inserting a comma, and adding:

without discrimination or segregation because of race, color, creed, religion, national origin, or sex, and based only on the needs of the sick and wounded men of the armed forces of the United States.

Page 2, section II, line 9, strike out the period, insert a comma, and add:

except section 4b of the Selective Training and Service Act of 1940 as amended, which shall be amended to read: "*Provided further*, That no quotas shall be fixed for the induction, training, and service of nurses according to States, Territories, and the District of Columbia, and the subdivisions thereof, nor according to race, color, creed, religion, national origin, or sex."

Page 2, section III, line 13, strike out the period, add a comma, and insert:

and shall be assigned on the basis of need of the sick and wounded men of the armed forces without discrimination because of race, color, creed, national origin, or sex.

In the event that a new bill is drafted by the committee, we would earnestly request that in the statement of policy and purpose of the legislation that it include the fact that—

adequate nursing care and medical care must be provided for the armed forces of the United States. It is imperative to secure immediately the services of additional trained and skilled nurses without discrimination or segregation because of race, color, creed, or sex.

Further, in any section or sections where the selection, induction, and administration are outlined, that it be followed by the phrase "without discrimination because of race, creed, color, or sex."

(At this point the chairman resumed the chair.)

The CHAIRMAN. Does that conclude your statement?

Mrs. JOHNSON. Yes.

The CHAIRMAN. What organization do you represent?

Mrs. JOHNSON. The National Council on Public Affairs.

The CHAIRMAN. What was the position of your organization on the Selective Service Draft Act?

Mrs. JOHNSON. You mean when it was initially instituted?

The CHAIRMAN. Yes.

Mrs. JOHNSON. We were for that.

The CHAIRMAN. You were for it?

Mrs. JOHNSON. Yes.

The CHAIRMAN. You went against it later, did you not?

Mrs. JOHNSON. As far as nurses are concerned, we are opposed to the drafting of nurses because our position is that it is class legislation.

The CHAIRMAN. Yes. You were opposed also, then, to the drafting of men for the war, were you not?

Mrs. JOHNSON. No, we have never been opposed to the drafting of men for the war. Heavens, no.

The CHAIRMAN. You believe that the war should be won, then?

Mrs. JOHNSON. Yes, sir.

The CHAIRMAN. You are willing to do anything that you can do to win it?

Mrs. JOHNSON. Yes, sir.

The CHAIRMAN. If the Army authorities that know about these things tell you that they need these nurses and cannot get them any other way, you would be in favor of drafting them, would you not?

Mrs. JOHNSON. It has not been proven that that is the case.

The CHAIRMAN. Answer that, please. If they say it is necessary, and they know about it, that it is necessary, then you would be for it, would you not?

Mrs. JOHNSON. I do not think that can be answered by a "Yes" or "No" answer, Mr. Chairman.

The CHAIRMAN. Would you be against it?

Mrs. JOHNSON. I do not think I can answer that by a "Yes" or "No" answer, either.

The CHAIRMAN. Let me ask you this: Do you believe that when a wounded soldier is brought back from the battle front, shot to pieces, and needs a doctor and a nurse, you believe he should have them, do you not?

Mrs. JOHNSON. Mr. Chairman, I have two brothers in the Army and I certainly would think that they would need care, yes.

The CHAIRMAN. You think he should have that kind of treatment?

Mrs. JOHNSON. I think he should have the best medical care that is possible, but I think that that care can be gotten by voluntary methods rather than by draft.

The CHAIRMAN. I see. If it has not been gotten so far by voluntary methods, and the Army authorities that are charged with getting them tell you that they cannot get them in any other way, what would you do about it?

Mrs. JOHNSON. I do not think it is quite fair for them to say that they cannot be gotten when they have not tried voluntary methods.

STATEMENT OF MRS. ALIENE B. EWELL, REPRESENTING CHI ETA PHI SORORITY

Mrs. EWELL. Mr. Chairman, and members of the Military Affairs Committee, I am Mrs. Aliene B. Ewell, representing the membership of the Chi Eta Phi Sorority, a national organization composed of registered nurses. We have for our purposes, (1) Promotion of higher educational backgrounds for our profession, (2) correlation of all branches of the profession, (3) the elevation of the general plane of nursing, (4) the forming of a closer and more friendly feeling between all members of the profession.

The Chi Eta Phi Sorority wishes to go on record as opposing bill 1284, drawn up for the purpose of drafting nurses for military service. This is not meant as an obstacle to the obtaining of the number of nurses needed to meet the demands of the Army and Navy. It is, rather, that the sorority sees as the result of the proposed bill the development of a personal conflict in those who would be drafted from the pool of 9,000 graduate, registered, Negro nurses, especially in those who had previously volunteered.

Since the Procurement and Assignment Service of the War Manpower Commission has consistently placed Negro nurses in the classification of III-A, rather than in I-A, there has been a reduction in the number of nurses who would otherwise have been available for military assignment. This policy of classification was done in order to stabilize the quota as stipulated by the Army, for the Negro nurse who would have voluntarily entered the armed forces for service. A draft such as is being promulgated will also force into the service some of the same nurses who were rejected because of their race after they sought to volunteer for active military duty.

The members of the sorority firmly believe that some measure should be instituted whereby the number of nurses needed for military duty can be procured. The Negro nurse, they are sure, would willingly participate in a broad, unbiased plan for the purpose. To be refused acceptance, however, on voluntary application for service, then to be forced, through a draft measure, to join the armed forces, to their way of thinking is not only objectionable but unfair.

The members of the Chi Eta Phi Sorority are mindful of the fact that the need for graduate nurses for war service is most important and would not in any way minimize the urgency for this need. They do however, oppose the nurses' draft bill. Some other means of obtaining the nurses needed which would include all other women needed for military purposes would be more acceptable to this organization. They further suggest that there be either a reclassification or a supplementary registration by the Procurement and Assignment Service of the War Manpower Commission.

In the event that there is a committee bill proposed, it should by all means have an antidiscriminatory clause written into it. This clause would not only effect fairness to the Negro nurse, but would also be essential in the obtaining of the desired quota of nurses for military service.

Thank you.

The CHAIRMAN. Mrs. Rogers, we are very glad to have your testimony and I suggest to you that you may proceed just as you like.

STATEMENT OF HON. EDITH NOURSE ROGERS, REPRESENTATIVE OF THE STATE OF MASSACHUSETTS

Mrs. ROGERS. Thank you very much, Mr. Chairman. I have no written statement, I just have notes, because I felt that, in view of the somewhat conflicting figures and testimony that I have listened to during the past hearings, it would be difficult to take any figures except Government figures, because some of the figures that have been given by organizations have been contradicted and disallowed by other organizations.

The following are figures given by the Bureau of the Census on eligible nurses from the census of 1940:

131,393 active nurses under 45 years of age.

114,390 single active nurses under 45.

44,984 married nurses under 45 with no children under 14.

95,917 eligible nurses after subtracting 25 percent loss for physical disability and 2 percent loss for inability to meet educational requirement.

The above figures show that a draft for nurses would not disrupt civilian services. It would, however, provide for an orderly withdrawal of nurses from the civilian hospitals to the military.

It seems to me that the nurses are somewhat divided among themselves as to the best method of securing nurses.

I said on the floor of the House, on the 19th of December, that I was afraid that we would have to come to a draft of nurses. I thought I had found that the present method had not secured the quota up to that time, anyway, of the number of nurses required in order to care for our disabled veterans, veterans that are being mowed down every day, and I feel that the quickest method of securing the necessary number of nurses overseas and in this country, both in the service hospitals and the Veterans' Administration hospitals, is by a draft of nurses.

I can see no other way of protecting our service men and women, and also have more adequately protecting methods available for the civilian sick and disabled population. I believe that the draft of nurses would secure the necessary number the most quickly, and also would provide an orderly withdrawal of the nurses from important civilian positions in hospitals. Perhaps nurses who are serving with doctors, also.

It is obvious that no one knows the number of trained nurses that there are today in the United States, and I myself do not understand that. I was very sorry that the Army and Navy did not have their own training schools. Admiral McIntire wanted to, but was finally dissuaded from doing it because it was felt that the cadet nurses would care for the situation. But they have not. If the military services had started training schools at the time of draft, they would have, in their hospitals, nurses trained by them, and nurses constantly in training, and a constant flow of nurses going in and out of the training schools. They would have had the use of those nurses during all these years; they would have been trained in Army procedure; they could have had affiliate work with the civilian hospitals and then the

public health could have had a cadet corps which would have cared for the civilian needs. That was not done, and it seems to me today that we are facing a stone wall so far as securing nurses is concerned, unless we draft them.

I do not favor a draft of cadet nurses for military or Federal services only. Nor do I favor a draft of student nurses, since they are girls 17 or 18 years old when they begin their training and the parents of this country would rise up in arms against such action. It is too much to expect an 18 year old girl to commit herself legally to military conscription. Furthermore even if such legislation were passed it would not meet the present situation. The basis of my bill is graduate nurses, which they cannot possibly become until they are at least 20 or 21 years old.

From all I hear, the members of the Cadet Nurse Corps have saved the day on the civilian nursing front and have made it possible to release the many thousands of graduates who have already gone into the military. The few members of the Cadet Nurse Corps who are now being graduated—the corps is but 18 months old—I hope will go to the military because they know that is where the need is the greatest at this time. Other nurses will want to do the same, and any legislation should apply to all graduate nurses not just cadet nurses. I am sure they would welcome our making a legal pledge of their present moral pledge, which is: "I agree that I will be available for military or other Federal, governmental, or essential civilian services for the duration of the present war." It is the only sensible thing to do because it would permit the Congress to set up priorities of greatest needs as they shifted from military to veterans, to Public Health, or to civilian. In total war it is important that we take care of the total health needs of the nation—not just one group.

Then an orderly situation can be made having civilian services without impairing the public health.

Nobody likes to draft anybody. It is not pleasant, but war is a very grim, grueling, horrible experience, and I am perfectly sure that the nurses in the United States would accept the draft just as patriotically as have the men. They would do the work as patriotically as do our nurses overseas today.

To me, the nurses are like a very valuable and very precious raw material. That material must be distributed carefully and wisely. The nursing organizations have testified there are plenty of nurses in the country to care for all the essential needs, if they can be distributed wisely.

There is one situation that I do not like to speak about, but I think perhaps I should because it bears upon the picture, and that is, one Government agency told me that in writing letters to registered nurses, the letters come back from those nurses, but on the outside of the envelope is "Addressee not at that address," or "present address unknown." Apparently, they are not locating all of the registered nurses in the country today, nor are they locating the graduate nurses and a draft would certainly do that, just as the Selective Service has with the men.

The draft, to my mind, is the only way of securing the nurses quickly, and not to secure them quickly is taking a gamble with human life, the lives of the men that we drafted to fight for us. Everyone who has been overseas, I am sure, is haunted by the picture of row after row

of men who are waiting for care. It is not a matter of hours or an hour that makes a difference, it is a matter of minutes. The giving of blood to a shocked patient is literally a matter of minutes. If the patient receives the blood, there is an immediate response, and you can actually see the life come back into the wounded men.

Mr. DURHAM. The gentlewoman, I am quite sure, is one of the best-informed Members of the House on this problem. I was just thinking, on your registration of nurses. In my section I know that quite a few of them have dropped their registration in the State. I wonder if you have any estimate as to the number throughout the United States that have dropped their registration and are not carried on the registration rolls of the States?

Mrs. ROGERS. No; unfortunately, I have not, and apparently no one else has. You have heard the testimony of the nursing organizations to that effect.

Mr. DURHAM. Under this bill, as I understand it, it would not touch that class of nurses.

Mrs. ROGERS. Under my bill graduate nurses would be drafted even if not registered. May I read some suggestions that are in a bill I introduced, Mr. Chairman.

The CHAIRMAN. Yes; all right.

Mrs. ROGERS. I hope that you will incorporate certain provisions that I have in that bill, and I think it would take care of that situation better. I think the Selective Service is very good at ferreting out where persons are. That is why I would use the Selective Service, in the first instance, and use the War Manpower in an advisory capacity. Local groups of nurses could give the information as to which nurses could be spared. That is the procedure that is used with the doctors, and I understand it has worked out very well.

As you know, General Hines testified this morning that he had not had much luck with securing doctors from the War Manpower Commission.

I would like to state here that the ceiling for the Army is 60,000, and an additional 2,000, I understand, for the Navy. Then, speaking of ceilings there, you have not given the ceiling for the Veterans' Administration. In listening to the testimony, I am very sure that the committee will decide that the Veterans' Administration comes next to the Army and Navy in needs, and importance of care. I think they have something over 4,000 nurses in the Veterans' Administration today, and they will need an additional 4,000, according to the Veterans' Administration figures, within the next year and a half; 3,000 of which are needed almost immediately.

An additional 800 to 1,000 for replacements; so the ceiling for the Veterans' Administration is really over 9,000, with 5,000 within the next year and a half.

Briefly, my bill follows rather closely the general outlines of the Selective Training and Service Act of 1940, as amended, adjusting the provisions thereof to meet the situations contemplated.

The Veterans' Administration should have its own nurse corps, for the suggestions in this bill will be a measure to insure nurses to care for the veterans in veterans' hospitals.

There is today a severe shortage of nurses there, and there has been a severe shortage for a long time. I am extremely grateful that General Hines is recommending that a permanent corps be created

in the Veterans' Administration in order to take care of the nursing problem on a long haul.

The CHAIRMAN. May I interrupt you?

Mrs. ROGERS. Yes, indeed.

The CHAIRMAN. I think he suggested also that that kind of legislation should be dealt with separately from this. It would probably come within the jurisdiction of the Veterans' Committee, of which you are a member.

Mrs. ROGERS. Yes, it would come in there, I am very sure, Mr. Chairman, and in the bill 1666 that I introduced, I have a provision that would temporarily, at least, protect the nurses and the patients in the Veterans' Administration hospitals.

Specifically, the more important features of the bill are as follows:

First, liability for service after registration. I do not mean by registration, State registration, I mean by registering with the Selective Service. It is imposed upon every female between the ages of 20 and 45. You will notice I have increased the age, Mr. Chairman, from 18, which is in your bill, to 20, because I find that the Army and Navy do not want to take them in under 20, and the Veterans' Administration does not want them.

This nurse must be a graduate of a hospital training course of not less than 2 years. I put that in, instead of having the registered nurse requirement or State registration requirement because sometimes the States are very slow in registering, and sometimes the nurses themselves, although they have taken their training, do not register.

Generally, this follows the standards for acceptance into the Army and Navy and Nurse Corps, but no female person with such qualifications will be inducted unless acceptable to the land and naval forces under such additional standards as they may create.

I would like to say here that I think that is a great safeguard, Mr. Chairman. For instance, the doctor knows, and all of you know, that the new use of very powerful drugs makes very careful training extremely valuable. Two months' sulfur treatment, and then a lamp treatment in the case of a man here in Washington resulted in his being burned deeply from the top of his head to his waist. After the light treatment, he nearly died. Use of penicillin must be very carefully administered.

The CHAIRMAN. In other words, by resort to the use of the modern, new-type drugs that they now have, the sulfa drugs, you think that excellent skill or the best of skills should be available in the treatment of patients under those conditions?

Mrs. ROGERS. I know it. From my own experience in hospitals, where I was not a trained nurse, but I helped out in some of the worst cases only by giving constant vigilance and what care I knew how to give, there were many things I could not and would not touch. You could lose that way, if you have an inexperienced person giving care.

The CHAIRMAN. Will you let me interrupt you again, Mrs. Rogers?

Mrs. ROGERS. Yes; very glad to have you do so, Mr. Chairman.

The CHAIRMAN. Of course, you were overseas just recently, and no doubt your interest in nurses and nursing inspired you to visit the hospitals quite generally, and we would be interested in having some of your reactions to the situations in those hospitals.

Mrs. ROGERS. Yes, I visited all lines of hospitals in England, France, Belgium, and Italy. I should be very glad to state what my reaction was about the situation. When I was there, Mr. Chairman, they had cut the requirements for the 1,000-bed hospitals from 100 nurses per thousand beds to 80, per thousand beds, and it worked great hardship not only upon the nurses, but upon many of the very seriously wounded cases, and that included also the work with the mental and nervous cases. I think more and more psychiatrists are believing that individual care in nervous and mental cases is extremely valuable.

The importance of adequate numbers of nurses in the Veterans' Administration fits into the picture there, because just as fast as the Veterans' Administration can care for the mental and nervous cases, they are taking them over.

I asked why they had cut the ratio of nurses per patient in the base hospitals, and was told that it was on account of civilian nursing at home. Whether that was true or not, I do not know, but that was the statement that was constantly given to me. Some of the nurses felt, when they were in bivouac, that they had to wait a long time before they were called into more active service. But, as you know, in war, the front is a mobile thing, it is often changed. A field hospital may become an evacuation hospital within a short time and vice versa, but the cases waiting for care haunt you.

I was in one hospital in Belgium that has since been partially demolished. They tried to bomb it the day I was there, and then they had far too many patients, with not enough nurses. Many of the boys were desperately wounded. There they had a backlog of patients, hospital trains, because they could not get their hospital trains through. There had been a backlog at Cherbourg. Trains were not moving up to take the patients out. That happened frequently.

I saw, also, Mr. Chairman, that the nurses, while they were not willing to admit it, in many instances, were practically exhausted, and you must have replacements for those nurses, not only as a human measure to them, but there again, in the saving of lives. The nurse who is worn out physically, from loss of sleep and overwork, cannot give as quick or nearly as accurate care to a desperately ill person.

Mr. DURHAM. Has there been any rotation at all, Mrs. Rogers?

Mrs. ROGERS. A few of the nurses have come home, but very few. Before I went, the Surgeon General's Office asked me to find out how the nurses felt about coming home. Of course, they wanted to come home, but most of them wanted to finish the job. Some of them had gone all through the African campaign, were in the Italian campaign, without any leave, except for a day or two at a time. I found the nearer the front the nurses were, the happier they were, and I do not believe there is a nurse who would take a fortune in exchange for her service, because she feels that she is giving her life for others. But, we have to protect their health and strength if they are going to save more men, and in giving nurses, to the care of the men, they are not only saving one life, but they are saving many lives.

I was overseas in the First World War, and saw the hospitals and the care of the men then, and came back and was in a Government hospital for about 4 years, 1918 to 1922. Then I have inspected the

hospitals in this country ever since. I do not pose as a trained nurse or an authority, but I have seen a great deal of care of the wounded. Does that answer your question, Mr. Chairman?

The CHAIRMAN. That is a very fine answer, Mrs. Rogers.

Mr. BROOKS. There is no policy of rotation of nurses, nor of doctors, is there, from overseas, back home?

Mrs. ROGERS. No; you have the same problem with the doctors. There is no rotation for any service persons in the European theater of war.

Mr. BROOKS. There is a shortage of both to where the services cannot bring them home; is there not?

Mrs. ROGERS. Yes; and of course, very likely there have been miscalculations, but war is not an exact science, and certainly nobody wants to kill the men who are fighting for us, so any miscalculations are an accident. The least we can do, as I see it, is to give these service men and women the care that they need and give it immediately.

Mr. FENTON. Mr. Chairman.

The CHAIRMAN. Mr. Fenton.

Mrs. ROGERS. May I just go on a moment or two?

The CHAIRMAN. Yes; let us let her finish her statement.

Mr. FENTON. I was just going to say that I think the gentlewomen is an authority of this question.

Mrs. ROGERS. I am not that, but I am interested.

Mr. FENTON. I know that her experience overseas certainly parallels what I saw, and I am perfectly in accord that the need is not for June 30, but it is a need for today, and while we are here talking about this subject, the need is getting worse and worse. I am for quick action, and the sooner that is done, I think the better it is going to be. I also think that if the program is stepped up so that the legislation can be passed, I am in hopes that we might secure sufficient nurses.

Mrs. ROGERS. I agree with you, Dr. Fenton. I feel that today many nurses who are holding positions in hospitals do not know what to do about enlisting; where their duty lies. In many instances, they are the most anxious to enlist and yet they cannot be spared because they are training women, persons who are soon to become nurses, and they should not be taken. That is why I think there should be an orderly withdrawal from the hospitals.

Many are waiting today for the draft because, if there were some objection, for instance, from someone in the family, it is much easier to have one's mind made up for one and settled. I would like to repeat too, Dr. Fenton, and I know you feel the same way, that the women will take it exactly as the men have taken it. That has been the history of the women of this country.

Mrs. LUCE. Mrs. Rogers, there is a classification that I would be most interested in hearing about. That is the flight nurses. I gather that they are doing more and more evacuation of wounded by planes and that the qualifications for those nurses are rather stringent and peculiar ones. That is to say, they do have to be under or about 100 pounds in weight?

Mrs. ROGERS. About 100 pounds.

Mrs. LUCE. Their hearts must also be sound?

Mrs. ROGERS. Yes.

Mrs. LUCE. There is a great shortage of this type of very qualified, young, and small women; is there not?

Mrs. ROGERS. That is what I am told and, of course, it is extremely wearying because frequently there are a number of patients that may die on the trip over. I saw a hospital plane off from Scotland, and there were four men that they thought might possibly die on the way back. They had to have all sorts of things with which to care for the men. There is only one flight nurse on every trip.

Mrs. LUCE. The same as all of us, I made particular inquiries into the nurse shortage in these theaters and asked them about the rotation plan. They told me just what they told you, that they had had no rotation practically since the war began, and those that did return, generally returned on hospital ships. I mean, they served their way back for their leaves, and they also came back to the fronts on hospital ships. But, I found, at least in the Italian theater, that they were approaching the time when they felt that they did want to be relieved and they did want to see other nurses coming out. They felt that after $2\frac{1}{2}$ years, they had begun to deserve relief from home. They began wondering themselves why nurses were not drafted for that purpose. Did you find that to be true?

Mrs. ROGERS. I found that to be true also, Mrs. Luce. But I also found they wanted to make sure of going back to duty again after they had been in this country a little while.

Mrs. LUCE. Yes.

Mrs. ROGERS. I felt that a few of them were so tired that they did not know what they did want, because as you know, they have worked 24 hours without relief and since these big drives have come, they must be working even more hours without relief.

Mrs. LUCE. I am perfectly in agreement with you that they want to come home, but have no intention of asking to come home until someone replaces them.

Mrs. ROGERS. That is what I found, exactly, and, before I went over, I was told it could be arranged to have them brought home. After I got back, I was told it would be impossible to have them brought back in any large numbers. Some 30 nurses are being brought back every month from the European theater of war, which is just a trickle.

Mrs. LUCE. This is somewhat of an irrelevant question and yet it does have some bearing. When you were in that theater, did you learn of a shortage of hospital ships?

Mrs. ROGERS. Yes. When I came back, I made the recommendation that there be more hospital ships and more hospital airplanes.

Mrs. LUCE. It would be possible, perhaps, to rotate more nurses, if we had more hospital ships so that in coming home for 2 weeks, they would be able to serve the full time.

Mrs. ROGERS. I did not feel that way. I felt it was more the shortage of nurses and the need of the nurses there. I did not feel that the ships made a difference in that. They did not have the nurses to spare or to send over. That is what I found when I came back.

Mrs. LUCE. Did you find out any reason for such a serious shortage of hospital ships?

Mrs. ROGERS. No; I think there again it was miscalculation.

Mrs. LUCE. Thank you.

Mrs. ROGERS. Of course, not intentional.

Of course, they did not expect the delay at the front in September, or the cut in nurses overseas.

The CHAIRMAN. All right. Will the gentlewoman pardon me if I suggest she be allowed to finish her statement?

Mrs. LUCE. I am through, thank you.

The CHAIRMAN. Will you finish your statement, Mrs. Rogers?

Mrs. ROGERS. Yes, thank you. The number of nurses under my bill to be inducted will be determined by the President in light of the national interest involved.

Then, the service of persons inducted will be for the duration of the present war and 6 months thereafter. It provides, Mr. Chairman, what is important, because these women who go in will be highly trained in a specialty service that each person must be tendered a commission.

The CHAIRMAN. You do not require them to accept it?

Mrs. ROGERS. No; they are not obliged to accept it, and I assume there, Mr. Chairman, that if they do not accept it, they would go in at the same rate of pay as the nurses who were in the Army Nurse Corps received, before it was part of the Army, which, I think, was \$90. I believe they are serving at \$90 per month.

The CHAIRMAN. If they should volunteer under section V of the pending bill, they would be commissioned, if they meet the qualifications, as a second lieutenant to begin with?

Mrs. ROGERS. Yes, and in mine, they would be tendered a commission.

The CHAIRMAN. All right, proceed.

Mrs. ROGERS. Not lower than the rank of second lieutenant or ensign in the Navy.

The CHAIRMAN. I apologize for interrupting, and ask that you proceed.

Mrs. ROGERS. No; please interrupt whenever you like, I am very grateful to be heard—and to have my suggestions considered Mr. Chairman, I feel it is important to include, as part of my remarks, a letter from the War Department. I think it is signed by General Reber, stating the position of the Army nurses, and the WAC's, and those who have not taken the final oath into the Army at their regular pay. Would I be allowed to do that?

The CHAIRMAN. Just tender it, and if it is with authority, of course—

Mrs. ROGERS. Yes; it is signed by the War Department.

The CHAIRMAN. I mean it is signed by General Reber, but was he speaking for the War Department?

Mrs. ROGERS. Yes; he was speaking for the War Department.

The CHAIRMAN. You can tender it then, and I will look it over.

Mrs. ROGERS. I do not want to give away any military secrets, of course.

The CHAIRMAN. No.

Mrs. ROGERS. Each person inducted must be tendered a commission at a grade or relative and not lower than the second lieutenant in the Army or ensign in the United States Naval Reserve.

Each person inducted may, subject to agreements between the Secretary of War and Navy, and the Veterans' Administration, be assigned to duty with the Veterans' Administration.

I wish very much that that provision could be included in any bill that you report out, Mr. Chairman. I think General Hines has left an amendment with you. I do not know whether it is just like my legislation or not, but in talking with him earlier, which was 2 weeks ago, he felt that some such provision in the bill was important.

Each person inducted will receive the same rights, privileges, benefits, and so forth, accorded to all other members of the land and naval service, existing during, upon, and after termination of service. All cases for deferment, exemption, and relief from the service contained in the Selective Training and Service Act of 1940, as amended, are contained in this act, including those provisions regarding ministers of religion and conscientious objectors.

The provision of the proposed bill is as administered through the Selective Service System under rules and regulations prescribed by the President or by delegation, through the Director of Selective Service. The penalties for any violation of duties or obligations accruing under this act will be the same as those imposed by the Selective Training and Service Act of 1940, as amended.

The provisions of the act, except the benefits during and after service, and the penalties for offenses committed during the operation of the act, will continue only for the duration of the present war, and for 6 months thereafter.

The CHAIRMAN. Does that complete your statement?

Mrs. ROGERS. Yes.

The CHAIRMAN. Are there any questions on this side?

Mr. JOHNSON. I just want to ask one question, Mr. Chairman.

The CHAIRMAN. Mr. Johnson.

Mr. JOHNSON. There has been a lot of discussion here about this discrimination of race, and in your bill, you have a specific statutory provision.

Mrs. ROGERS. It is written into my bill that there shall be no discrimination because of race or color.

Mr. JOHNSON. I want to get this opinion from you, if I can. Do you think that the bill which the chairman presented, which provides for the making of rules and regulations, would be adequate to handle that situation?

Mrs. ROGERS. I would rather have it written into the bill and I have a feeling that the chairman will write a complete bill, rather than just have a short one, as his is today.

The CHAIRMAN. Of course, we may amend the bill. We do not know how.

Mrs. ROGERS. Yes, that is my belief. I only hope that the provisions I suggest may go into your bill when it is finally completed.

Mr. JOHNSON. In other words, it is your view, Mrs. Rogers, that should be written into the bill itself?

Mrs. ROGERS. Well, it is important. It is in the Selective Service Act, you know.

Mr. JOHNSON. Yes.

Mrs. ROGERS. But I think it would be important to have it written in. It would probably work out all right, but we know it will, if it is written in. I feel that the colored nurses will be used more and more; they make excellent nurses, and have a special gift for it.

Mr. JOHNSON. I am not disputing that. I just want to get your idea on the bill. Now, I wish to ask you one more question: Do you

not think it would be well for us, in presenting a bill for the committee to eliminate the matter about the Veterans' Bureau set-up for nurses and follow the advice of General Hines in the matter?

Mrs. ROGERS. Well, I think he has an amendment that he sent up. I have not read it but—

The CHAIRMAN. He does, but—

Mrs. ROGERS. It is a little different from this?

The CHAIRMAN. Yes; it is attached to his report here.

Mrs. ROGERS. I think it is very important, of course, to see the Veterans' Administration is protected, otherwise in the veterans' hospitals will be the forgotten, neglected men.

Mr. JOHNSON. Well, I do not want to neglect them, but I just wondered what you thought of his advice that we should await that for another bill.

Mrs. ROGERS. Well, I think, as I understood it, he advises having a permanent corps, which I have been working for for years and I am delighted at least to have his approval of it.

Mr. JOHNSON. Yes; I recommended that.

Mrs. ROGERS. I have introduced it year after year and now he has agreed to endorse it, but I understand that he would like such an amendment as is in my draft to care for the nursing needs of the Veterans' Administration until that bill has passed.

The CHAIRMAN. Now, Mrs. Rogers, this committee is rather jealous of its own prerogatives and jurisdiction, and we got into a great deal of difficulty here at one time by assuming the jurisdiction for a problem that did not really belong to us, to wit, the Smith-Connally bill, and I am not going to allow my committee to invade the jurisdiction of your committee if I can help it and I think that bill will have to come up in your committee and be considered by it.

Mrs. ROGERS. That is correct, but I thought a protective provision could be written in yours; I do not know when the Nurses Corp will come out of our committee, but the need is very great in the Veterans' Administration, Mr. Chairman.

The CHAIRMAN. Yes; I know.

Mr. JOHNSON. That is all.

The CHAIRMAN. Thank you very much, Mrs. Rogers.

Mrs. ROGERS. Thank you many times, Mr. Chairman.
(The following letter was received by the committee:)

ARMY SERVICE FORCES,
OFFICE OF THE SURGEON GENERAL,
Washington, D. C., February 16, 1945.

Hon. EDITH NOURSE ROGERS,
House of Representatives, Washington, D. C.

DEAR MRS. ROGERS: Further reference is made to your conversation with Maj. Edna B. Groppe concerning the policy governing the rotation for nurses in foreign theaters which is to be inserted into the record of the House Military Affairs Committee.

The policy governing nurses is the same as for all other personnel and is currently in operation in all oversea theaters except the European.

The percentage of personnel to be returned is determined by the theater and in most instances comprises 1 percent of the personnel.

Some months ago the Mediterranean theater proposed a special policy whereby 30 nurses would be returned each month. This office concurred in this plan but was unable to fill the required replacements.

To date no plan has been initiated for the European theater and it is not anticipated that nurses can be supplied for replacements unless procurement reaches the authorized ceiling.

Sincerely yours,

GEORGE F. LULL,
Major General, United States Army,
Deputy Surgeon General.

The CHAIRMAN. Now, Dr. Judd is here and wants to be heard. Will you come around please, Dr. Judd?

STATEMENT OF THE HONORABLE WALTER H. JUDD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MINNESOTA

Mr. JUDD. Mr. Chairman, I do not want to discuss the bill in detail, but I do want to make a few general comments if I may. Of course, there is no argument about the need for more nurses and there is no disagreement as to the duty of the Congress to provide the nurses that are needed.

The only question is what is the best way to do it.

I presume, of course, that the committee has been given the figures showing that the voluntary recruitment of nurses ran right along parallel with the number of men being inducted into the service until the Army itself, about November 1943, cut back to 40,000 its original goal of 50,000, whereupon, naturally, the recruiting of nurses leveled off at about 42,000.

The CHAIRMAN. That has been explained, Dr. Judd, by the Army as not having been a cut-back; it was just—Judge Patterson testified that their requirements were 60,000 all the while.

Mr. JUDD. Well, the general public never understood it that way, because they did issue statements which gave the impression that they were not going to need as many nurses as they had previously expected. The two lines were parallel up until the time that that impression, whether erroneous or not, became widespread, and naturally the nurses assumed that whoever presumed to speak for the Army knew what he was talking about, and it was not going to need so many; the nurses heard reports, and they were true, of nurses being idle in the Army, and they knew they were awfully busy at home, and naturally, they stayed where they were apparently more needed than they were in the service. Was that their fault? I think we ought to remember that there were only 275,000 graduate nurses when about 80,000, I understand, volunteered and over 42,000 were accepted, over 15 percent. Out of the total number, about 275,000, it is estimated that the available pool of eligible nurses that the Army would accept is only about 157,000. So that actually more than 27 percent of all eligible nurses are already in the service, which is a far better record I think than any other group in our population has made thus far except the doctors. For instance the WAC's have not been able to get 100,000 out of an available pool of many millions.

I noticed in the paper Surgeon General Parran's report that he thought the falling off of recruiting was due to what he called peace psychology. We need this bill, he said "because public psychology will assume that peace is closer at hand that it actually may prove to be.

In fact the current nurse shortage is due largely to that peace psychology. I would like to ask who is responsible for that peace psychology? Certainly, the nurses are not responsible; it was our own military leaders who were responsible. Our people read the predictions of Admiral Halsey and General Eisenhower; they noticed General Patton's men overrunning France; the W. P. B. was cutting back production; many categories of military supplies, the people saw the closing down or even dismantling of war plants; Congress was called back early from summer recess to deal with surplus commodities; order reconversion; rationing was removed; stories came of far fewer casualties than were expected and because of new drugs and techniques, higher percentages of recovery. People noticed that the services did not take and commission male nurses or make much use of orderlies; and they can be used very satisfactorily if those in charge are really hard-pressed. I have been through years of war and it is amazing what good work you can do with graduate head nurses to supervise and to handle treatments and medicines and with orderlies for much other work.

Until recently the services would not take Negro nurses; they would not take or keep married nurses; and then they stopped taking Nurses Aids, even though the latter had each had more than 150 hours of actual experience. Surely any reasonable person would come to the conclusion that nurses were not very urgently needed in the Army.

My point is that if the cause of the drop off in volunteering is a peace psychology, then the cure is not to draft nurses, but to recreate war psychology. If a remedy worked admirably as long as we used it, and the trouble developed only when we quit using it, then shouldn't we first try to correct the trouble by more vigorous and improved use of the proved remedy, rather than by scrapping it for a whole new system?

The CHAIRMAN. Well, you would have to go to Congress to correct part of it, would you not, when we started reconvert for peace time?

Mr. JUDD. That is right.

The CHAIRMAN. So the nurses are not to blame?

Mr. JUDD. That is right.

The CHAIRMAN. But the Congress it?

Mr. JUDD. In part. But the Congress in its reconversion legislation was only following the advise of our leaders in the Executive Department who were supposed to have all the facts. The action did not originate with the Congress.

The CHAIRMAN. Well, the question, Mr. Judd, that we are considering here is—I admit we all make mistakes and if they are made and the nurses are needed, what are we going to do about it?

Mr. JUDD. That is the point I am coming to. I think the first basic thing to do is to recreate the war psychology which caused them to volunteer in adequate quantity as long as they felt they were needed. Put on a real recruitment campaign.

Second, I would suggest that the committee prepare legislation to draft nurses and then the country be notified that the legislation is being held in abeyance until, say, about April 1, and that if the volunteering is not supplying the needs by that time, is not doing the job, then it will be enacted promptly. I think that there would be some

real advantages in that. We would get an immediate increase in volunteering right at the time when we need it most, in this immediate emergency. All a girl would have to do is apply and be accepted, and not go through the registration, after machinery is set up; and be reassigned here or there by still other agencies to be put in operation.

It would also preserve the voluntary system we have for all other women. It would give the nurses a chance to show what they will gladly do, I know, if they understand they are really needed, and will be used efficiently in the services.

There would be certain disadvantages in passing this draft law now.

In the first place, I think it will cause an immediate falling off in recruits right now when we need them most.

In these next critical weeks, we will have fewer new nurses under this law rather than more. I believe we will get more under the voluntary system if they know the need, know they are on their mettle, and that if by April 1 they do not come through, the draft law, already prepared, will be enacted. Whereas, if we pass it right now, many will say, "Well, they are going to draft us willy-nilly. So let them take us and put us where and as they will. Let's wait and see." In these crucial weeks when we need them so desperately, we will have fewer rather than more nurses.

Secondly, it will endanger our whole program of nursing care for both the immediate and the long-term future, and for civilian as well as military and veterans' hospitals.

There are a great many in the Nurses Cadet Corps who will leave training if they know they are going to be drafted. They are now doing the bulk of the work in our civilian hospitals here. How will those hospitals get along?

Furthermore, there is likely to be a great drop-off in recruiting for the Nurses Cadet Corps; young girls won't enroll, or their parents or their brothers won't let them come into a program where they know they are going to be subjected to involuntary military service; the only group of women in America who will be subject to such involuntary military service. Where will we get the nurses for the future? General Parran says the nursing needs are "bound to continue beyond the close of the war." That is certainly true. Will we then draft girls to take nursing training?

Therefore, it is not a matter of theory, but of practical results; I think passing this legislation now will cut down the number of nurses that we will get in the next 8 weeks, and also in the next few years.

There is a further consideration that is important: Nurses who are drafted would not do as good work as if they had come voluntarily.

There are some intangible things in medicine and nursing, and one of them is attitude, or psychology. Nursing is not just another job, like driving a truck, or even flying a plane or dropping bombs; a girl's heart has to be in it or she won't give good care. You can force her to go to the Army hospital in uniform, but that does not mean she will give the sort of nursing care which many boys need most.

The CHAIRMAN. May I interrupt you?

Mr. JUDD. Surely.

The CHAIRMAN. What do you think about section 5 of the pending bill:

This Act shall not affect the voluntary recruitment of qualified women for the Army or Navy Nurses Corps or the appointment of members of such corps as officers in the Army or Navy as now provided by law.

Mr. JUDD. I think that is wise and certainly should be included, but I do not think the provisions to draft them ought to be enacted before the voluntary method has had a period of reasonably fair trial. After such a let-down due to the false peace psychology of which Dr. Parran spoke, it takes time to get up steam again, to build confidence that present reports of increased need are more accurate than were yesterday's predictions of decreased need. A great recruiting program is almost ready and on the 25th of this month all over the U. S. A. there is to begin a real, hard drive by the Red Cross, assisted by many voluntary agencies, with high-powered education on the real situation, in press, radio, and speeches. I think we will find that in 4 weeks thereafter, if the nurses are not under the compulsion of conscription, we will have a flood of volunteers, such as we have not had in any other period of the war.

For the sake of the better care that the boys will get, in my judgment, and for the sake of fairness to the group which already has such a magnificent record, and for the sake of getting most quickly the greatest number, I should like to see that general program carried out.

Then, if I may, I would like to suggest some additional aids, which either with or without the bill, should be helpful:

First, one of the things that is deterring volunteering is lack of proper use of many nurses. I used to work at the Mayo Clinic and I have here a letter from one of the chief persons in charge there, and he describes this situation as a sample, "Two of our former operating room nurses, probably as skilled as any operating nurses in the world, have been attendants for many months in a large venereal disease clinic." That word gets back to girls in a clinic where they are operating every day until late at night and it does not encourage them to leave to go into relative idleness and failure to use their abilities to good advantage. Dozens of illustrations of that kind have come to my attention.

Second, it would not hurt if there could be more promotions for nurses. Lots of girls have been in the service for 3 years and they are still second lieutenants. Some people in 4 years can get to be generals, but most nurses stay second lieutenants no matter how long or how meritoriously they serve.

Third, I do not think it would hurt to give far more public recognition occasionally. As far as I can find out, there has not been a Congressional Medal given to a nurse or a Presidential unit citation to a group of nurses. The nurses at the beachheads in Italy landed with the troops and went through everything the soldiers went through and the soldiers got medals galore but few for the girls except, as one said, the Purple Heart, and "Who wants to get the Purple Heart". We give medals for exceptional bravery in killing but few for exceptional bravery in saving life.

This is the one branch of the whole gigantic war machine that saves lives and I think it deserves to be played up more. Nurses are human beings like the rest of us and recognition, and opportunity for advancement, and approval, are just things that warm the heart and produce results in happier and better service.

The CHAIRMAN. Well, Dr. Judd, you would not recommend an amendment to the Selective Service Act to grant medals, would you?

Dr. JUDD. No; I am not suggesting that, but it is part of the total picture of our failure to get enough nurses.

But I want to say one further thing, and then I won't intrude upon you further.

If and when the legislation is enacted, I very much hope that jurisdiction over drafting girls, deciding who is essential and who is not essential, be in the Procurement and Assignment Service and not in the selective-service boards or anywhere else. Procurement and assignment is all set up and in operation. Those in charge are doctors and nurses. They know the situation—the civilian needs, the veterans' needs, of which the gentlewoman from Massachusetts, Mrs. Rogers, was speaking, and the military needs. Let the Procurement and Assignment Service do with the nurses as it has with the doctors. It decides which doctor is nonessential here at home; then if he does not volunteer, the law reaches out and takes him; almost always he volunteers. It should be the same with nurses, orderly allocation of our nursing resources. Otherwise, without any additional benefit for the Army we will have chaos here at home in the providing of nursing services and the training of students, the nurses for next year.

The nurses who are most likely to volunteer, if there is not such a system of assignment, are frequently the ones most essential at home, the more sensitive, high-type girls, teachers, instructors, supervisors in the training schools.

So I hope very much that the control, the determining, of who is essential and who is not essential, will be placed in the Procurement and Assignment Service.

The CHAIRMAN. Thank you very much.

Mr. DURHAM. Doctor, I was just thinking about the assignment of medals.

Of course, I agree it should be recognized that they are doing marvelous work in saving lives, but having spent some 30 years in medicine myself, and I know you have, would you give a medal to every doctor who saves a life?

Dr. JUDD. No; it is not a matter of every time you save a life, but when a girl goes out beyond the line of duty, with special personal peril to herself to save life, it ought to be recognized, it seems to me.

Mr. DURHAM. It ought to be something beyond the line of duty because every doctor takes that as his profession and the nurse does, too.

Dr. JUDD. Certainly. It is the "beyond the call of duty" deed that ought to be recognized, not the things we do every day on the wards and in the operating rooms.

Mr. DURHAM. That is right.

Dr. JUDD. All I am trying to say is that there are other factors than just the draft that can be powerful in getting the results we want. I have great confidence in our nurses—they have never failed when they knew they were needed. The American people have never yet failed to give their country whatever it needs when they have understood that need. I think the major causes for the present shortage is because of the sudden stepping-up of needs and our Government's failure to predict the situation correctly, or at least to deal with the people frankly in time, therefore, the first thing to correct is our own Government's handling of the situation, and get the facts before the people in a real campaign of education. The draft is our second line of defense. We have not given the first, it seems to me, a fair chance,

after we had a whole series of events which caused in your mind and my mind and almost everybody else's this psychological let-down—

The CHAIRMAN. Well, now, Doctor, did you serve in the last war?

Dr. JUDD. Yes; but not as a physician. I was in the Field Artillery.

The CHAIRMAN. But you are now a physician?

Dr. JUDD. Yes.

The CHAIRMAN. Now, if you were in charge of a hospital in the rear of the battle fronts and you had a thousand wounded men and 10 nurses, if you could get some nurses somewhere you would get them by any method you could rather than by going and shooting them to bring them in?

Dr. JUDD. Yes; that is why I am suggesting volunteering as the way to get them quickest.

The CHAIRMAN. Yes. Well, if the Army authorities who know about these things say they have to have this bill in order to get them and that they have failed by the voluntary system—

Dr. JUDD. They have not really tried the voluntary system.

The CHAIRMAN. You would be in favor, would you not?

Dr. JUDD. Yes; if they had given the voluntary system a fair trial as they have with the WAC's, WAVES, and so forth; but they have not.

The CHAIRMAN. Well, they say it is. I do not know who is telling the truth most, you or them but the Army says they have given it a trial and it has not succeeded.

Mr. DURHAM. Do you not think out of 304,000, there it is a small group who have volunteered?

Dr. JUDD. Two hundred and seventy-five thousand, I understand.

Mr. DURHAM. Well, they gave us the figure of 304,000. You reach a certain point in voluntary system, do you not?

Dr. JUDD. Yes; but we have not reached that point yet.

Mr. DURHAM. You do not think so?

Dr. JUDD. No; there are lots of girls who were discouraged from volunteering. Coming through Chicago this last week I saw three articles by a correspondent, Edward Angly, written from Europe showing the acute need for more nurses, and he said the very boys who are not being adequately taken care of say "We don't want our sisters to come." If we overcome that and other deterrents, there are many thousands more who will volunteer.

Mr. DURHAM. Well, now, do you not think that these girls, every one of them, have felt like and have been made to feel by the institutions of this country that every one of them have been impressed with the fact that they are doing a big job where they are?

Dr. JUDD. Yes.

Mr. DURHAM. And the 54,000 doctors have been impressed with the same thing and we know they are carrying probably the heaviest load of anybody in this country today, the doctors are.

Dr. JUDD. Yes.

Mr. DURHAM. You have got some 12,000 in industry in this country. The same impression was made on them.

Dr. JUDD. Yes; that is why the answer is to correct the impression and get them to see the need is far greater in the services. They will go.

The CHAIRMAN. Any other questions?

Mr. ROE. Doctor Judd, I was interested in your statement about the fact that there would be a tremendous fall off in recruitment as soon as this legislation is passed.

Dr. JUDD. I do not think tremendous, but I think you will find a fall off.

Mr. ROE. I cannot understand that.

Dr. JUDD. Because they are going to say, "If the Government is going to draft us, let's wait and let the Government decide it for us."

Mr. ROE. In other words, the direct reaction to this labor draft bill would be just the opposite. Newspaper columnists have stated that the effect, when talking of the legislation on the labor draft, even with the result of the hearings that we have had here, that they were turned back toward industry and the employment in the war plants; if that same effect occurred in nursing, would not that tend to dispel your argument?

Dr. JUDD. Well, I must risk my own judgment on that. None of us knows for sure.

Mr. ROE. Your judgment should be better than mine, Doctor.

Dr. JUDD. I think that after having had it up here and discussing it, to prepare no legislation would be bad because there would inevitably, be a let-down then. I think you ought to report out a bill quickly because uncertainty discourages decision, but I believe you will get more nurses, and faster, if you say that the bill will be enacted or will become effective as of such and such a date—I do not know just how to write the legislation—if by that date the number of recruits has not reached a designated goal. Then we will get a real boom in volunteering. If it is jammed right through now, lots of girls will say, "Why should I volunteer? Let Uncle Sam come and get me."

Mr. ROE. At the same time if we do not get some of these nurses there will be a lot of lives lost.

Dr. JUDD. Yes; and this is the way to get them. The voluntary system worked as long as we kept up national morale, but when we let that and the sense of urgent need drop, the recruiting naturally fell off. Well, the answer then is not to hit people over the head but to build up the morale again.

Mr. ROE. I would not want to live with my conscience and feel that I did not do something—

Dr. JUDD. I, too. It is my conscience that makes me come today and say this because I am convinced it is the best way to get quickest results. It is not because I do not want enough nurses, it is because I do, that I take this position.

Mr. ROE. One other matter, Dr. Judd. In one of the statements in the hearing yesterday, something was said about the prevailing situation in some of the civilian hospitals of frequent absenteeism of subsidiary personnel. Then after I talked to a lady outside, it was said that not only applies to the personnel but also to the nurses in hospitals to some extent. Now, would not a thing like this save time in that respect, as to nurses who might tend to be absent when they should be on duty back in the hospital, doing good work?

Dr. JUDD. Well, I also have run across the problem. There are "gold bricks" in every profession, of course. There was a let-down last year in nursing just as thousands of workers eased up in war plants or left entirely. But they are resuming as they understand the increased needs. It takes a little while to get up steam again.

Mr. ROE. The need is right away.

Dr. JUDD. Yes; and this is the way in my judgment to get the most nurses in the next 6 or 8 weeks rather than by the immediate passage of the bill.

The CHAIRMAN. All right. Any other questions?

Mr. DURHAM. What the gentleman is driving at there, is that the civilian personnel goes on the rampage over the week end and the nurses have to take over and do all the work; in fact, they have had to feed from the regular mess in the camp instead of getting it from the hospital mess some time.

Mr. ROE. Then it is worse still when some of the nurses go along with them for the week end.

The CHAIRMAN. Mr. Holifield, any questions?

Mr. HOLIFIELD. I have no questions, Mr. Chairman.

The CHAIRMAN. All right. Thank you very much, Dr. Judd.

Dr. JUDD. Thank you for your courtesy in hearing me.

TESTIMONY OF HON. FRANCES P. BOLTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

PREFACE

Mrs. BOLTON. Gentleman, may I say in preface to my testimony that it has been a most heartening experience to see the sincerity with which every member of this committee is endeavoring to bring out all possible sides of this rather complex problem. In saying this I am sure I speak for all those who, with me, have been in constant attendance at these hearings. May I take this opportunity to thank you for your patient efforts and the constant evidence of your desire to justify completely such ultimate action on your part as will really bring about the solution of the problem under consideration—namely, adequate nursing care for our wounded. Your questions have indicated that you will have to be completely convinced, first, of the actual need, and, second, that every possible method to secure the required number of qualified nurses through the volunteer system has been given an honest and fair chance before you will agree to a draft measure.

It has been my privilege to work very closely with nurses in practically all phases of their service to humanity. As a group they are quite extraordinary. They ask nothing for themselves. Certainly adequate recognition has never been given them. As a matter of fact, we have all acquired the habit of taking them for granted. We assume that they will always be there, ready to our hand. We expect superhuman things of them, and as one reads of the service they are rendering now under the indescribable conditions overseas one cannot but recognize that they are more than fulfilling our expectations. When one knows something of the strain and the overburdening of those serving so unsung in the civilian hospitals and in the public health fields at home, one realizes further that all the heroism of nurses is not found in the armed forces. Granted that some nurses appear to be withholding themselves at a moment when need for them is dramatic, I think it is of primary importance that you should be keenly aware of the fact that of the total number of nurses in the country, approximately 81,000 had volunteered between Pearl Harbor and January 1, 1945. In that period the Army Nurse Corps grew from

955 to some 43,000. I understand that the number of nurses was based on 1 nurse to every 1,000 draftees and the chart you already have shows you that the corps met all its constantly rising quotas, even the jump in 8 months of 1943 from 20,374 to 32,164. The rate of growth would indicate that if the recruitment program planned for February 1944 had not been interrupted, the original 50,000 asked for by the Surgeon General would have been achieved. If you take the number given by Dr. Stone of War Manpower of 234,949 as the number of classified nurses you will see that a full one-third of the profession has volunteered. That is a magnificent showing, Mr. Chairman, and deserves commendation rather than the criticism that is being meted out on every hand.

BACKGROUND

May I give you a very brief background so that the whole picture of what has been done may present itself to you with a better chance of completeness.

In the First World War three things were done to take care of the country's nursing needs. (1) Relative rank—which consisted of little more than insignia to insure proper ward administration—was given Army and Navy nurses. (2) To try to keep public-health nurses at home, they were given armbands by the Red Cross in recognition of their war service in caring for the families of servicemen. (3) The Army School of Nursing was started in 1918 with a view to a possible long war.

This school did a fine job. It raised the standard of the Army Nurse Corps and contributed to nursing a splendid group of leaders. When it was made inactive in 1931, I received the assurance of the then Secretary of War that its framework would be retained so that it could be activated at the first sign of need. In 1940, with this in mind, and certain that nurses would be needed in far greater numbers than before, were we to be drawn into this war, a small group of very eminent nurses and I waited upon the then Surgeon General to ask him his plans regarding the school and to offer him the help and cooperation of the profession in the restaffing of such units as he would reopen. We were told in no uncertain terms that the Army would not assume educational responsibilities, but that civilian hospitals would have to provide whatever nurses the Army might need.

Then began a long series of conferences with which I shall not burden you. Suffice it to remind you of the appropriation of \$1,125,000 made in 1941 to the Public Health Service for emergency help to such schools of nursing that could increase their student group most appreciably. The excellent results of that year's efforts were of great value when the so-called cadet nurse bill was presented to the House and so quickly made law.

CADETS

There has been evidenced so much confusion relative to the Cadet Nurse Corps that I want to reemphasize and point up some of the factors that must be kept clearly in mind during all of these deliberations.

Looked upon in the light of today, the early refusal of the Surgeon General to reopen the Army School of Nursing has brought excellent results, as the whole network of the nursing schools of the country has

received tremendous impetus through the wise administration of the funds implementing the Bolton Act. These are very pertinent to the questions that are being asked relative to the small schools of nursing. Through the Public Health Service Education Division many of the small schools of the country have been brought up to higher standards which makes the graduate eligible for Army service. There were very few schools, really, which were not included in the cadet-nurse program, and every possible assistance is given the small schools to bring themselves into line with acceptable standards.

It is important that you should be aware further that many nurses whose basic training may have been substandard are accepted by the services in view of the additional experience and special training they have had since graduation—a definite amount of it because of the provision covering such supplementary work contained in the Bolton Act—which has made them very desirable members of the combat services. On the other hand nurses who have not been able to avail themselves of these additional opportunities should be made to feel that they have a very important part to play at home, and should be encouraged to appreciate the vital contribution that is theirs to make.

In the first place it should be remembered that the Cadet Nurse Corps was created for a two-fold purpose: To augment civilian nursing service so that larger numbers of graduate nurses can be released for the military, and to create a pool from which the military can draw when cadet nurses become seniors and graduates.

The Cadet Nurse Corps is credited by the American Hospital Association with having prevented the collapse of civilian nursing service. The value of all students, whether members of the corps or not, is being recognized as never before. How could it be otherwise when we know that 29 percent of the non-Federal general hospitals have schools of nursing which care for 56 percent of all patients in non-Federal hospitals in the United States. Sixty percent of all nursing service in these non-Federal hospitals is given by student nurses, and it is forecast that this will be raised to 80 percent this year. It is particularly interesting to note that 1944 records show a 76-percent increase in student admissions to nursing schools over 1940, the year prior to the first Federal aid to nurse education.

In the second place it should be remembered that the Bolton Act was not signed until July 1943, and that it was not until September 1943 that girls could enter nursing training as members of the Cadet corps. Nursing training courses have been greatly accelerated in practically all schools, but it has been found that 24 months is a minimum, some schools holding to 30 months. The 6-month senior-cadet period about which you have heard a good deal, was instituted to keep the training period within most of the State laws for the licensing of nurses to practice their profession. All theory is finished and the student's full time is given to actual nursing. Senior students are put into a pool and distributed by Civil Service to such services as the girls request under agreements reached by the five Government services and the civilian groups.

Therefore, Mr. Chairman, if it looks as if the Civil Service has allocated too large a proportion of senior cadets to other than Army hospitals, I must remind you, that the Army agreed to the ratios, and that it was felt they could be carried out without jeopardizing the Army.

There has been some question expressed regarding the sense of obligation felt by senior cadets and present graduates of the United States Cadet Corps. Speaking to this point may I remind you that as yet no girls entering their nurse training as cadets will graduate until late this year and next year. Those who have been senior cadets and graduates, or will be up to 1946 were well along in their training before the corps was formed and had therefore paid for the major part of their training out of their own pockets. Considering the fact that the Army agreed to having Civil Service allocate no more than one-half of any given class to the Federal services, and that the girls available had transferred into the corps at various stages of their training, 40 percent would seem exceedingly commendable.

To return to July 1943 and the creation of the corps. I have reminded you that the first class entering nurse training as cadets was the class of September 1943. Fortunately it had been provided that students already in the accepted schools of nursing might enter the corps. Of the girls who did, so many of them had been in these schools 1 year, or 2 years, and some were in the third year of a training period for which they had paid all the costs. That the record may be complete, I submit for your interest the present of the total number of graduates from our training schools enrolled as cadets:

	Cadets
1943-44 (4.3 percent)	1 1, 206
1944-45 (30.6 percent)	2 9, 165
1945-46 (68.1 percent)	3 25, 166
1946-47 (77.6 percent)	4 35, 576

¹ Out of 28,000 graduates.

² Out of 30,000 graduates.

³ Out of 36,966 graduates.

⁴ Out of 45,865 graduates.

Inasmuch as the first completely Cadet Corps class will not become senior cadets until December of this year, graduating by June 1946, it seems to me unjust to put the burden of responsibility for solving a nurse shortage in the Army upon a group that is still largely in the undergraduate stage. Such as were ready have been available as senior cadets—that means available in the cadet nurse pool subject to agreements made by the Government and civilian agencies, and distributed by Civil Service from April through December 1944. More have applied for Federal service than could be used.

To carry the figures a little further: From April through December 1944, of the 1,157 senior cadets assigned to the Army, 43.9 percent have indicated their intention to remain as graduate nurses; of 354 assigned to naval hospitals, 31.2 percent expect to remain; of 273 assigned to the Veterans' Administration 9 percent expect to remain; of 104 assigned to Public Health Service 17 percent have remained. Let me repeat: All of these students paid for the major part of their training out of their training out of their own pockets.

It has been suggested by a number of those who have testified here, that putting a clause into the Bolton bill enforcing the enlistment of all graduates in the armed services would solve the problem of nurse shortage very simply and completely. No one could be more deeply concerned in the matter of securing nurses for the wounded than am I, nor could anyone be more eager to have the United States Cadet Corps carry its full share of responsibility. But I have had to face the situation realistically, and I cannot see how girls who do not graduate in June and who must then pass State board exams to qualify

as licensed registered nurses, can fill the immediate need for twice their number.

Whatever suggestions may grow out of your deliberations to increase the value of the corps will, I can assure you, have my sincere interest.

MALE NURSES

We are all being asked why the 8,000 or 9,000 male nurses are not being used as nurses by the Army when there is such acute shortage. May I present briefly the matter as I have had it from the Office of the Surgeon General? First: All qualified men of draft age are wanted first for combat duty. Therefore, it would seem probable that most of the male nurses not in the Army have been deferred for physical reasons and that of the several thousand talked of few could pass the physical tests. No segregation of male nurses has been attempted by Selective Service. Of the men identifying themselves as nurses and requesting service in the Medical Corps, some 700 or more have been so transferred. Their duties are those of medical technicians of many sorts as well as of battalion aides. They may apply for officers' training. This, some have done, and something over 20 qualified and were given commissions.

You will remember that the Army Nurse Corps is set up to be a "female" corps. A bill striking out the word "female" is under consideration, though I am told that it would not have a very warm reception. When asking why, I found that there is a very general and a very sincere sense of the value of retaining the Nurse Corps as a woman's corps, using such trained male personnel as presents itself in the auxiliary services where they are exceedingly useful and often very necessary.

NURSE DISTRIBUTION

Criticism of the use being made of nurses in both civilian and service hospitals is brought to us on every side. Much of this is based upon a failure to make all sides of a particular situation clear, and much misrepresentation of fact is current.

The gentleman from Louisiana [Mr. Overton Brooks] made mention of the recent write-ups and letters to the press relative to a supposed "situation" at Walter Reed Hospital growing out of a few very casual words of mine built up into a "story" by the press. Inasmuch as the gentleman brought the matter up, may I take this opportunity to thank him for inserting in the record certain letters relative to the situation at Walter Reed, as reported to him.

My mail has been filled with such strange protests, growing out of ignorance that I am including at this point in my testimony a brief statement relative to the rights and privileges of service wives and families.

It has always been my understanding that the wives and families of service-connected men are automatically cared for in Army and Navy hospitals—incidentally, I have always questioned the rights of the Congress to similar free service. One has been aware that Army nurses have always grumbled when their turn came on the family wards except perhaps when babies were involved. One has also known that many officers have in normal times secured special nurses and paid for them in order to relieve the nursing load of the

hospital. At the present moment Army hospitals are attempting to cover their nursing needs by supplementing the all too small Army nurse group with civilian nurses under Civil Service, and I presume the major part of all family service is given by these nurses.

But whether it be in our service hospitals, or in our civilian hospitals, the shortage of nurses is acute, and as I have said over and over again for many months that no one whose physical need of special nursing care is not acute has any right to special duty nurses. Somehow, we must find ways to give special care to all those whose physical need does require it, quite regardless of their ability or non-ability to pay.

ACCREDITING

At a moment such as this when nurses are needed at the front so very dramatically, it is imperative that each nurse who volunteers should have her credentials checked with dispatch. Impatience over delays in this process has been expressed not only here in this committee but by nurses themselves.

I am sure that there is pretty complete agreement that a check must be made upon the professional qualifications of all applicants in order to assure our men the best possible care. I am sure we are in agreement also that that process must be reduced to a minimum during this emergency period. No one who has taken the time to go into the matter could fail to agree that the methods heretofore employed have been unnecessarily cumbersome and slow. Fortunately, steps have already been taken to cut out all such matters as have no direct bearing upon the emergency service for which the nurse is so dramatically needed, and which are the causes of some of the protests you are receiving against retaining the Red Cross for any part of the recruiting and assembling process.

One of the steps in the old procedures was a perfectly legitimate effort on the part of Red Cross to enroll all applicants in the Red Cross Nurse Reserve. I say this is a perfectly legitimate effort because the Red Cross is charged at all times with the responsibility of having ready at hand task forces of trained personnel to meet emergencies right here at home.

Let me remind you that at this very moment Red Cross is gathering itself together to prepare for the handling of the floods that loom large in the possibilities confronting New England, New York, Pennsylvania, Ohio, and other snowed in regions, should the thaws come all at once. Many nurses, particularly those with family responsibilities, do not feel free to enroll in this Reserve as it makes them subject to call at any time. This is understandable. I repeat that this effort to enroll all nurses in the Reserve is normally a legitimate part of the accrediting program. In a war emergency moment such as this it could and should have been abandoned long before it was. But it has been set aside. Other short cuts have been put into effect and still more are being worked over. The criticisms leveled against the long time that has elapsed have been all too justifiable. But what often was a process of months is now one of a very few weeks and these are being reduced to a minimum as quickly as the adjustments can be made. But even so, carelessness on the part of the applicant in filling her blank may necessitate a remailing which may be delayed by the human element involved as well as by slowness of

the mails. Other seemingly trivial and unnecessary happenings may cause delays, but the Red Cross has eliminated certain of the brakes and under the capable hand of Dr. Dublin is short cutting the accrediting process at every possible point.

The Red Cross has long been the agency by which the accrediting has been done and neither the Army or the Navy has machinery to do it with. In continuing to use the Red Cross machinery, the Army is pressing and will continue to press for the elimination of unnecessary steps and for speed at every point.

ASSIGNMENT

But, Mr. Chairman, this is not the only place where delays have occurred. I am sure there are few Members of the House who have not received letters from nurses which say that they applied for service and were accepted and that weeks and even months have passed without assignment to duty.

Some of these complaints are found upon investigation to rest upon misunderstanding and misconstruction, but there seems to be a sufficient number of legitimate ones to indicate that the Army has been very slow on the pick-up. There was reported to me within the last few days a group of 10 unusually well-qualified nurses who have waited 6 months for assignment to duty. Such incidents have been a very real deterrent to the recruitment of other nurses as can readily be seen.

When the Army tried to reverse the psychology caused by "peace around the corner," it bumped up against its own slow processes. Nurses who were awaiting assignments very naturally questioned the sincerity of the new propaganda. Nurses receiving assignments would find that there was but 1 day in the month when they could report for duty. Very naturally they grew a little bitter over the criticism that was being leveled at nurses in general.

When I returned from Europe, October met me with the same word that was given you by the Surgeon General the other day, viz, that a letter had been sent out to 27,000 available nurses and replies had been received from only 700. In his testimony General Kirk used this as evidence that these nurses were lost to any efforts to secure them as volunteers for Army duty. My first reaction, fresh from our hospitals abroad, was discouragement. This gave place to incredulity and then to a questioning of the quality of the letter itself as a recruitment measure.

I realize that the Medical Department of our 8,000,000-man Army has no funds, so I am reluctant even to seem to criticize its single-handed effort to reach this large group of nurses. But I know enough about propaganda to know that any firm that had so small a response from any comparable effort would examine the method rather than try to put the blame on the group they tried to reach. Therefore, I cannot share General Kirk's opinion that the failure of this one letter sent out in the fall by Colonel Blanchfield under his direction is any proof at all that these nurses are either unpatriotic or unreachable. I submit that what was needed was a campaign of skillful publicity to counteract and actually reverse the effects of the peace talk combined with dramatic picture of the actual need. Miss Densford, president of the American Nurses' Association, testified that she believed such a campaign immediately instituted would secure the necessary nurses.

Miss Dunbar, of Red Cross, suggested that we could probably secure the 13,000 needed to meet a 55,000 ceiling but that 60,000 would present very real difficulties.

ADVERTISING CAMPAIGN

As no one seems to be aware that a Nation-wide publicity campaign is about to be launched, let me outline very briefly what I know of it. Last October I had occasion to consult with the Public Relations officer in the matter of checking certain data I wanted to use at a recruitment meeting at Times Hall in New York. I discovered that the help of the War Advertising Council had been solicited and found later that the J. Walter Thompson Agency had been invited to head up the so-called task force to handle the nursing campaign. On December 20 the agency was contacted again, and asked to move. The task force was assembled promptly and the machinery set in motion.

Through the efforts of the sponsorship committee of the War Advertising Council, which is made up of the top men in magazine and newspaper fields, advertisers, with their advertising agencies' creative men working on a voluntary basis, committed themselves for promotions which will cost them in excess of \$10,000,000. So great is the emotional reaction to the appeal that it is quite possible that considerably more than that amount of advertising brains and energy could probably become available for the recruitment program as outlined. Although the weight of emphasis will be on the dramatic emergency need of Army nurses, the plan is completely inclusive of all the fields where women can be of service in the care of the sick and wounded. It is anticipated that 1,500 retail department and specialty stores will build recruitment booths which will be staffed by the Red Cross. These central booths will sign up nurses for the Army and Navy and the Veterans' Bureau and will include the signing up of nurses aides; they will provide information and refer women wishing to join the Medical WACS to the local WAC recruitment officer, and the prospective cadet nurses to local hospital committees or local nursing council representatives. They will serve as clearing centers for all women who have wanted to be of some service somewhere in the whole vast need of our civilian sick and our war wounded and who have not known where to go to find direction. Nothing of the kind has been done so far, it would appear that the accusation that the voluntary method has failed rests upon the false foundation that the voluntary method has been honestly tried.

It was anticipated that this Nation-wide campaign would break on February 23. Unfortunately, it has not been possible to get cooperation from Government printers for the preparation of a few of the first requirements. But fortunately, a small printer has been found who is working night and day, and the delay will not be more than a few days.

No one can guarantee that such a program will be the whole answer but it is not well to remember that we are dealing with members of a profession based upon a high ideal of service, one-third of its number having already volunteered without the exertion of these social pressures which, after all, are the real American way in emergencies. Furthermore, it would seem safe to say that even if all quotas are not fully met, this campaign, with all the terrific social pressure it will create, will get more nurses immediately than any other method.

The proponents of the draft of Army nurses can give no assurance that it will speedily become law or that the selective-service machinery is such that nurses will be put into the field promptly; therefore this campaign is of immediate necessity, and should be a very contributive factor in meeting the full program covering nursing needs.

NUMBERS COMING IN

When all is said and done, Mr. Chairman, what we are all most concerned about is getting qualified nurses into the Army to meet the immediate need, quite regardless of all the muddy water that has gone over the dam from many sources.

What of the situation that has been developed in these hearings?

I believe that one of your membership informed you that some 14,000 women had applied for Army service. The Red Cross has reported a backlog of 10,000 applications at national headquarters which may represent this 14,000 stripped of the obviously ineligible. The Red Cross has reported that in the month of January, 3,633 nurses were certified to the service forces, which means they were cleared for assignment by the Army. This represents applications received in the latter months of 1944. There is a curious discrepancy between this encouraging figure and that submitted by the Nurse Personnel Division of the nurses actually assigned in January of 625. This probably can be explained by the Personnel Division.

It would seem safe to count upon at least half of the 10,000 in the Red Cross backlog of new applications. With the speed-up of the accrediting process already instituted, and the immediate additional short-cuts anticipated, a goodly number of these nurses should be made available to the Army by the time the 3,633 certified in January have been actually assigned to duty.

Although the sudden flood of applications—often qualified in the matter of date available—that followed the shock of the President's message has subsided, nurses are still applying. With a country-wide, well-organized campaign to bring all possible social pressures to bear on the available and qualified, a very large number of nurses will be assignable. Quite regardless of the results of your considerations and the consequent action of Congress, results should be obtainable through what is really the first all-out effort to contact all sources of supply.

THE BILLS

I have tried to pull together the important points most of which have appeared in the testimony of other witnesses. I hope you will find it helpful in your consideration not just of the two bills before you but of the broad problem of what can best be done in the most American way to meet the nursing needs of our wounded.

I am inclined to agree with our colleague, Dr. Judd, that I dislike the tendency to think we must always resort to compulsion whenever we run into a jam instead of speeding up and improving the system that already has given such magnificent results.

If your consideration of the testimony submitted during these hearings brings you to the conclusion that a drafting of nurses for the Army is the only way, then I would ask you to give consideration to certain parts of the bills themselves.

At first glance H. R. 1284 is a very simple bill and H. R. 1666 a somewhat complex one. I call your attention to page 2 lines 6 through 9 of H. R. 1284 and suggest that this adds all the detail and complexities of the Selective Service Act to the two pages that you have before you.

In H. R. 1666 you have only such parts of the Selective Service Act as are directly pertinent to women and to nurses. It is possible that a few sections intended to cover the exceedingly rare case such as provided for in section 5. Page 7 might be deleted without causing any later problem. It would seem inadvisable to begin with the fictitious age of 18 when merely saying "shall not have passed the 45th anniversary" would cover it.

The matter of how to insure the nurse certainty of her commission should be most carefully dealt with as the Army Nurse Corps is and must be an officers' corps. Just tendering a commission at the time of induction might create a difficult and complex situation; H. R. 1666 covers this point with seemingly greater wisdom than H. R. 1284.

It is important that some safeguards be assured the skeleton frameworks of nursing schools and civilian hospitals as well as the three other Government hospital services and the Public Health Service.

The War Department is asking for nurses for the Army. It is concerned only with that one phase of the nursing problem. It would seem that such restricted action were constitutional. Any extension to other services immediately brings up the larger problem. It is my hope that your committee will confine itself to action on the War Department's request.

May I express again my sincere appreciation of the committee's patient hearing of the testimony given and the hope that the most careful consideration will be given the broad picture of the American way to meet the soldier's need.

The CHAIRMAN. Major Groppe, will you come out please? We are glad to have you, Major, and if you have a statement to give the committee on this legislation, we will appreciate it.

Major GRODDE. Yes; I have a statement, Mr. Chairman.

The CHAIRMAN. Fine. Thank you.

STATEMENT OF MAJ. EDNA B. GRODDE, NURSING BRANCH, MILITARY PERSONNEL DIVISION, OFFICE OF THE SURGEON GENERAL

Major GRODDE. For the record, my name is Maj. Edna B. Groppe, United States Army. I am Chief of the Nursing Branch, Military Personnel Division, office of the Surgeon General. In that capacity I am responsible for the assignment of nurses in the Army. In giving this testimony I represent the Army Nurse Corps.

For 3 years we have been telling the public that the Army needs more nurses, the reason being that not until the month of April 1944 had we reached the authorized ceiling. Until August 1944 the Army Nurse Corps had managed to provide an adequate nursing service with the number of nurses in the service. This had been possible for two reasons:

First, the health of the troops as a whole had been much better than had been anticipated; and

Second, the active campaigns were spotty, and of not too long duration, so that our battle casualties were fewer than we had any right to expect. We all know so well that France was invaded on June 6 and, while the casualties were less than had been expected, they nevertheless reached large numbers. By this time active campaigns were going full swing on three fronts and casualties were mounting daily, so that every ship and plane returning to the United States brought wounded and sick men in ever-increasing numbers. It became apparent in August 1944 that in order to have the number of nurses required, it would be necessary for us to accelerate our procurement program.

In my position, it is my responsibility to review all requisitions for nurses, both in the overseas theaters and here at home. Until December 1944 we had been able to meet all of our foreign commitments, and at the same time give the necessary nursing care to our patients here at home. In December 1944 we found it necessary to send 11 general hospitals to overseas service without nurses. This decision called for courage on the part of the Surgeon General, but it was a choice between spreading overseas nursing service thinner, or further reducing the nursing service here at home, which had already been reduced as far as it was possible.

It may not be amiss to state at this time that in providing nursing service here in the United States we had set up a minimum number of Army nurses who were to be supplemented by the use of enlisted men and women as medical and surgical technicians, volunteer and paid nurses' aides, the senior cadet nurses, and civilian nurses employed under civil service who did not meet the physical or age qualifications for the Army Nurse Corps or who had minor children or marked hardship in the home which precluded their being commissioned in the Army of the United States. All of the reports reaching the Surgeon General's office concerning the medical service these men have received from the time they were injured in battle or otherwise, or became ill, have indicated that the service has been splendid right up to the time they reached our ports. Their continued care was required. It was not possible to cut down further the supply of nurses in hospitals within the zone of the interior with the ever-increasing number of casualties arriving in this country requiring expert nursing care.

Figures have been given to you regarding our procurement. Despite the fact that the Army's need for 50,000 nurses was made known on April 29, 1944, the net gain for the Corps between that date and December 31, 1944, was slightly over 2,000 nurses. In January 1945, regardless of all the flurry of activity in relation to the President's speech, the number commissioned for the month was 1,050 nurses, which is only 92 more than were commissioned in November 1944. Comments have been made here of the delay in processing nurses. However, our program has been streamlined in the past several months, but in the months of January and March 1943 when the processing took a longer period of time more than 2,000 nurses were procured. It would seem that the problem is not one of processing but is rather that we are reaching the limit of voluntary recruitment. There is no question but that temporarily we can make substantial gains in the number of nurses, but it is with equal certainty that it will be impossible to secure anything like the number required in time to do the job. The Gallup poll published February 1 indicated that 78 percent of the population tested were aware of the shortage of nurses in the armed

forces. Therefore, despite the statements made that there has been insufficient publicity given to the need for Army nurses, the results of this poll did indicate that a large percentage of the population of the United States are familiar with the Army's need for nurses, and there is no question that the nursing population is well aware of it.

There has been some confusion concerning the various ceilings for nurses which have been fixed from time to time. According to the best estimates of the Army, a total of 60,000 nurses will be needed before June 1, 1945, to assure the sick and wounded adequate nursing care even under the minimum standards upon which the nursing service is now organized. Ceilings may be raised or lowered, depending upon an immediate objective, without necessarily involving the total number ultimately required. They may be an immediate goal rather than an ultimate goal and change from time to time.

For the year beginning July 1, 1943, the ceiling was set at 50,000, but in November of that year it was reduced to 40,000. In April 1944, after the 40,000 had been approximately obtained, the ceiling was raised to 50,000.

From April 1944 until the end of that year the ceiling remained at 50,000, although the actual number of nurses procured raised the number to but slightly above 42,000. The use of a ceiling is an administrative matter. There was no reason to advance the ceiling as long as we were unable to meet the 50,000 figure.

When the inability to meet this need became fully realized it appeared that the only method which would be safe in securing the number of nurses required was selective service. With such legislation under consideration, it was important, not only to fix a temporary ceiling, but to estimate as far as it was possible the reasonable future needs. It was with this in mind that at the beginning of the legislative hearings General Kirk officially announced the requirements by June 1, 1945, as 60,000. This had the approval of the Secretary of War, but the mechanics of clearing this through military channels and formulating it into a fixed military requirement was not accomplished until shortly after the Surgeon General's statement of needs.

While it is believed that 60,000 nurses should be adequate with the aid of the various implementing services, it would not be surprising, depending upon the events of the war, but that even more might be required. Sixty thousand nurses is the number which, in the best judgment of the War Department, is required if these men in need are to receive proper nursing care. This need is real and the need is now. It cannot be met without the aid of legislation providing for Selective Service. This represents the opinion of The Surgeon General, my opinion, and that of the Army Nurse Corps.

It is furthermore my view that if this legislation is not passed we will find out too late that the voluntary method has failed and our sick and wounded soldiers will be without the nursing care to which they are entitled.

We know that selective service will work and that it will equalize the use of nurses between the civilian population and the armed forces.

We know that it will bring into the Army the thousands of nurses we need, and that it will do so at once. It will draw them from the sources where they may best be spared. We have heard many speculative statements that other experimentation with voluntary procedure might do the job. It has not done so in the past and we cannot

predict with certainty that it will do so now or that it will do so in time. The time element must never be lost sight of in considering this bill. It is right now that intensified fighting is going on in the European and in the Pacific theaters. Each day large numbers of American soldiers are being inflicted with wounds and serious injuries. Each day our hospitals overseas and at home are becoming more crowded. Each day more American soldiers are suffering as a result of this war and require the care of nurses. It is because of these facts and my knowledge of the numerous requisitions for Army nurses that we are unable to fill, that I urge the adoption of the legislation in question, and without delay.

There may be reasons why other legislation should be adopted to include other groups of persons or to accomplish other objectives. Consideration of these measures should not delay action on the present bill to secure Army nurses.

I am not so concerned with the detail form of the bill, or any suitable amendments which Congress in its wisdom and experience may desire to include. However, the amendments, or a struggle to reach perfection in its formulation, must not forestall its early enactment.

The CHAIRMAN. Thank you very much.

Any questions?

Mr. ROE. Now, Major Groppe, one of the things that some of the people are concerned with is the question of these nursing schools that their supply of instructors might be depleted because of the enactment of this legislation.

From your statement there I can see that the possibility might help them, because if they lose key personnel and could not get them by their own means, they could get them as a result of this legislation, could they not?

Major GROPPE. That is our feeling, Mr. Congressman, that there would be an equal distribution both for civilian and military needs.

Mr. ROE. You also said that the recent Gallup poll showed 78 percent of the people realized that there was a serious shortage of nurses. It might be more than 78 percent, might it not?

Major GROPPE. Yes; that was the 78 percent that had been questioned.

Mr. ROE. The Gallup poll sometimes is short. I have noticed their political guess sometimes is short.

That is all.

Mr. DURHAM. How many nurses have you got in this country at the present time?

Major GROPPE. Well, the only figures I know, sir, are those released by this inventory that was made.

Mr. DURHAM. No. How many in the service?

Major GROPPE. Oh, approximately 44,000.

Mr. DURHAM. I mean in this country.

Major GROPPE. In this country?

Mr. DURHAM. Yes.

Major GROPPE. More than 60 percent of our nurses are overseas.

Mr. DURHAM. That would mean that you have somewhere around 20,000 in this country or close to it, at the present time; is that correct?

Major GROPPE. The number that we have here in the zone of the interior also includes the number of nurses who are ill, and also includes the number of nurses who are being alerted for overseas units, and so on.

Mr. DURHAM. Do you plan to send some more of those overseas?

Major GROPPE. We continue to have requisitions for all overseas theaters.

Mr. DURHAM. How many patients have you got at the present time in this country?

Major GROPPE. We are set up for -well, our authorization is based on the use of 1 nurse to 12 beds overseas; and 1 nurse to 15 beds over here in the zone of the interior.

Mr. DURHAM. Are you maintaining that standard?

Major GROPPE. No; we are not, sir.

Mr. DURHAM. You are not?

Major GROPPE. No.

Mr. DURHAM. Do you feel at the present time that you can get any nurses from this still very large number that are in this country for overseas service?

Major GROPPE. Well, we are continuing to fill requisitions. I did mention the fact that we sent 11 general hospitals in December each without nurses for overseas duty.

Mr. DURHAM. True, but what I am trying to get at is the fact as to whether or not you could spare more nurses from this country at the present time? Do you feel we could use them? We sent 11 hospitals overseas without nurses and we still had 20,000 nurses in this country in the service, or somewhere near that number. I think it is a pretty serious business, that the Surgeon General should have to send hospitals overseas without units.

Major GROPPE. We feel so.

Mr. DURHAM. What I am getting at is could we have spared any more here in this country?

Major GROPPE. That was the final decision that we could not spare any.

Mr. DURHAM. That decision was made by the Surgeon General, I suppose?

Major GROPPE. That is right, and I had hoped that I had made it clear in my statement that that was a final calculation based on what our needs are here because we are having an increasing number of casualties each month.

Mr. DURHAM. Well, that is true and we are sending out more men each month, too, from the camps.

Major GROPPE. Yes, but you see, our health from the standpoint of our troops has been exceedingly good but the type of casualty we are now receiving requires a good deal of different types of nursing care as well as an amount of nursing care than they received a few months ago.

Mr. DURHAM. We rejoiced quite a bit in the fact that in this country the training program and college program kept persons healthy.

Major GROPPE. But when we got into actual fighting, of course, conditions were different. We had all kinds of casualties.

Mr. DURHAM. That is all.

The CHAIRMAN. Any questions, Mr. Holifield?

Mr. ROE. Just one other question.

The CHAIRMAN. All right, Mr. Roe.

Mr. ROE. On this question of assignment of nurses, a previous witness testified that a nurse trained in one phase of nursing might be assigned to something diametrically different. There is no such wide spread.

Major GROPPE. A very earnest effort is made to use the premilitary skills.

Mr. ROE. Would be no such thing as a nurse used to treat headaches would have to go to the foot hospital?

Major GROPPE. Well, there may be some instances, with the 44,000 we have that a few nurses may be malassigned.

Mr. ROE. Rare cases?

Major GROPPE. That is right, but we work very hard toward using every premilitary skill the nurse has.

Mr. ROE. That is my impression. Thank you.

The CHAIRMAN. Mr. Holifield, do you have a question?

Mr. HOLIFIELD. Major Groppe, may I ask what the attitude of the Army is toward the use of male nurses?

Major GROPPE. Well, the Army has not commissioned male nurses. I think I might state that in 1901, when the statute was set up that gave us the Army Nurse Corps, it specified female personnel and that has been carried along in all our legislation. It is the feeling of those who have considered the subject in the office of the Surgeon General and it is the view of the Surgeon General that commissioned status for male nurses is not desired.

Mr. HOLIFIELD. They say that, Major Groppe, if you will pardon me, but why is that?

Major GROPPE. Well, there is a feeling among our group that the male nurse, because he does specialize in some particular field, is unsuitable for all the diversified activities of Army nurse and that many of these male nurse's experience is limited to these specialized fields. Even though they may have had some training, their own professional experience is limited to those fields.

Mr. HOLIFIELD. Well, if their premilitary experience was along a specialized line, why could they not be assigned to a specialized line of work in the military field?

Major GROPPE. Well, they are used in the Army, those who are found at induction centers, may be assigned to the Medical Corps, or if they are placed in the Army and not in the Medical Corps, but have a skill that has a lower priority than that, they may be transferred to the Medical Corps.

Mr. HOLIFIELD. Has there been any attempt on the part of the Army to take these men who are not being used in the hospitals and being utilized, for instance, in the Artillery? Has there been an attempt to take that group and bring them into the work corps?

Major GROPPE. Wherever they have a skill that is higher than the skill they would use in medicine, why, others have a priority just as the medical group has a priority. However they may go to officers' candidate schools; and are commissioned as medical administrative officers.

Mr. HOLIFIELD. And they are used in their particular skills in the hospital?

Major GROPPE. Their particular skills are used in the Medical Administrative Corps.

Mr. DURHAM. Do you know how many civilian nurses the Army has?

Major GROPPE. Yes; we have more than a thousand civilian nurses.

Mr. DURHAM. A thousand?

Major GROPPE. Yes; these nurses are employed under civil service with the classification of SP-5 and as I stated in my formal statement are those nurses who may not physically qualify or who have minor children or marked hardship in the home because of which they cannot move from their community.

Mr. DURHAM. They are not doing actual nursing at all but kind of first-aid work?

Major GROPPE. Oh, no, sir; they are doing work in the care of our patients in Army hospitals.

Mr. DURHAM. But you use some in plants where the War Department has a plant?

Major GROPPE. Yes.

Mr. DURHAM. How many have you at the Pentagon Building? There is quite a group over there.

Major GROPPE. Well, the only group we have at the Pentagon Building are four Army nurses who are running the dispensary for military personnel.

Mr. DURHAM. They are civilian personnel, though, are they not?

Major GROPPE. Well, they are under some other classification other than what our own particular operating division carries. We do have a few civilian nurses in arsenals and ordnance plants that are operated by the War Department, and in some of those instances, they are in communities that have suddenly grown up because this ordnance plant or this arsenal has been put in that community.

Mr. DURHAM. Most of those are taken on the limited service basis, are they not; they are nurses that could not go into the service and qualify?

Major GROPPE. That is right, sir; they either do not qualify physically or are married and have minor children or have marked hardship in the home.

Mr. DURHAM. I would like to know—if General Smith can get it for the committee, the number of civilian nurses at the Pentagon.

The CHAIRMAN. That information will be furnished.

Is that all, Mr. Durham?

Mr. DURHAM. That is all.

The CHAIRMAN. Doctor Fenton, any questions?

Mr. FENTON. I would like to ask the major—these male nurses, what is their preliminary background? Do they graduate the same as a nurse does?

Major GROPPE. Yes; they graduate from schools, and in some instances the school of nursing may be a coeducational school, in which they have both the male students and female students, and in some instances they are just for male nurses only. However, their curriculum is varied a little bit because of the type of patient that they will care for in their professional life.

Mr. FENTON. I understand that. They certainly do not take up the same curriculum?

Major GROPPE. We have felt that while they met the State board requirements, their experience is not as diversified as for the female nurse.

Mr. FENTON. Now, I notice that General Kirk, in his testimony, said they were obliged to cut down the number of nurses per thousand patients, or per so many beds. Who determines that?

Major GROPPE. Well, it is determined by the Surgeon General, the War Manpower Board of the War Department, and also in keeping with what would be the standards of care in the community. It is a distribution of professional personnel based on all the factors that we have at hand plus whatever group we can implement the use of professional personnel.

Mr. FENTON. I am glad to receive that statement. I thought the Surgeon General would be the one who determines it.

Major GROPPE. Well, he is one of the group, but he may not make the full decision.

Mr. FENTON. How would the laity be qualified to determine the—

Major GROPPE. Also, sir, it is a study that is continuously made as to what ways, by our construction or by our implementation, we can spread our professional service over a large number of people, so that we try to keep on improving the methods by which we can make that professional skill go as far as possible.

Mr. FENTON. I regret I was not here to hear your statement, but did you state how many applications you actually have since the first of the year?

Major GROPPE. Miss Dunbar, of the Red Cross, reported that material and gave that in her testimony last week, and of that total number of applications submitted, she also showed the chart which showed the falling off of applications, and so when that was discussed this morning, we did release through all the local committees of the Red Cross, through headquarters of our service command and the Surgeon General's office, more than 15,000 application blanks; but they were issued based on requests but do not imply that that large a number of nurses are definitely interested in coming into the service.

Mr. FENTON. Well, that is the point that I was making. I would like to know how many applications based on requests we have had.

Major GROPPE. The figure that Miss Dunbar gave—because, you see, they come in, Dr. FENTON, to the Red Cross—were that 5,000 I think, were received the first week, and then there was a decreasing number each week until, last week, there were 1,000 applications received.

Mr. FENTON. That is, in the first week of January?

Major GROPPE. No; the President's address was on the 6th, so it was the week of the 8th, which terminated on the 15th of January.

Mr. FENTON. Was that decrease very great?

Major GROPPE. Very great; yes; the decrease was 50 percent after the first week and then decreased another 50 percent after that, so that the last figure that she gave was 1,000 for the last week.

Mr. FENTON. And you do not know the total number?

Major GROPPE. I should be glad to supply that number.

The CHAIRMAN. I think she testified in her original statement to that, did she not?

Major GROPPE. As I say, I did not bring Miss Dunbar's figures here. She had them, because she is the head of the Red Cross Nursing Service.

Mr. FENTON. Would you say approximately 10,000?

Major GROPPE. Well, she gave them this way; 5,000; then a 50-percent drop, which would have been 2,500; and then a further 50-percent drop. The first week, Doctor Fenton, there were 5,000 applications received; and the second, 2,500; and the third, 2,000; and the last, 1,000.

Mr. FENTON. That is all.

The CHAIRMAN. Mr. Martin, do you have any questions?

Mr. MARTIN. I wonder what your situation is with regard to nurses' aids and like assistants in hospitals?

Major GROPPE. Well, we have a large number of ancillary aids and, in fact, this morning I thought that was probably the reason for the confusion of the statement that a nurse is a supervisor. Every nurse is a supervisor to the extent that she has some of these auxiliary workers who assist her in the care of patients, and we have both the volunteer nurses' aids and the paid nurses' aids.

Mr. MARTIN. Is there any unfilled need in your work now? That is, are your needs greater than your supply?

Major GROPPE. Well, at the present time we have chiefly enlisted men and women who assist the nurse, and the volunteer nurses' aid is a very splendid help because of the isolation of so many of our hospitals and the difficulty of transportation; they have been able to serve more effectively in their community than in many of our hospitals, because we are so far removed, many times, from them.

Mr. MARTIN. Well, do you have a considerable need that is unfilled?

Major GROPPE. Well, we are like General Hines, in that all kinds of personnel are needed—I mean as far as ancillary help to the nurse. As we fail to have enough Army nurses, we have to place the use of that professional personal and increase at the bottom the use of these other people to assist here in carrying out her duties.

Mr. MARTIN. Well, nurses' aids and attendants can take a considerable burden off the limited Nurses Corps?

Major GROPPE. Yes, sir; and we are using them.

Mr. MARTIN. I am trying to get at whether or not you have as many nurses' aids and attendants that do not have a nurse's rating—whether you have an adequate supply of that type of help or whether you are still looking for more help.

Major GROPPE. We have a number of training courses that are going on at the present time for WAC technicians. We are looking toward the future in all of these number of people that we are needing for all the number of patients.

Mr. MARTIN. Now, is the need filled or is there still a real need that is unfilled?

Major GROPPE. We still have requisitions unfilled for nurses' aids; yes.

Mr. MARTIN. And as the nurse situation becomes more difficult—that is, the supply is not equal to the needs—if the situation does develop in that direction, your need for nurses' aids and other help to take this burden off the nurses will increase also?

Major GROPPE. Yes, sir.

Mr. MARTIN. Now, there is also, if I gather correctly from the War Department's activities in the last year, what they consider is a very real need for increasing the number of WAC's in the Army generally.

Major GROPPÉ. Yes, sir.

Mr. MARTIN. That is my point now. I wonder why we have singled out one of those three different groups: Nurses' aids and assistants, on the one hand, and the WAC's and the need for them on the other, and the nurses and the need for them; and we say we will limit this bill, and this approach to one of those three groups, and not apply it to the others.

Major GROPPÉ. Well, I think it would be partly because it would slow down the legislation—

Mr. MARTIN. The need for nurses is so immediate—

Major GROPPÉ. That is right.

Mr. MARTIN. That you want it to come at all costs as quickly as possible?

Major GROPPÉ. That is right.

Mr. MARTIN. And that is the reason, the real reason, for singling them out?

Major GROPPÉ. That is right, sir.

The CHAIRMAN. Major Groppe, as head of the Army Nurse Corps, you are in favor of this bill that we are considering?

Major GROPPÉ. Yes, sir. I am not the head of the Army Nurse Corps, sir. Colonel Blanchfield, who is the head, is now in the European theater, and I am the Chief of the Division which has to do with the assignment of nurses.

The CHAIRMAN. Well, whatever your position is, you are for the bill?

Major GROPPÉ. Yes, sir.

The CHAIRMAN. Why are you for it?

Major GROPPÉ. I am for the bill because of all these unfilled requisitions which are on my desk asking for Army nurses, both overseas and here in the zone of interior, to which we have to say: "We have no nurses to give you."

The CHAIRMAN. In other words, there is imminent and imperative need right now for the nurses?

Major GROPPÉ. Yes, sir.

The CHAIRMAN. And in view of the statement of Mr. Byrnes which the press carried yesterday that—as a result of the recent conference between Mr. Churchill, Mr. Stalin, and Mr. Roosevelt—that there would be more fighting and more American fighting men on the battle fronts in the world—more men than have ever been there before—you will anticipate that need will grow, do you not?

Major GROPPÉ. Yes, Mr. Chairman.

The CHAIRMAN. And on account of those things and the fact that you have been unable to secure the necessary nurses by the voluntary system, you are urging the enactment of this legislation?

Major GROPPÉ. Yes, sir.

The CHAIRMAN. And you believe that it is necessary?

Major GROPPÉ. Yes, sir.

The CHAIRMAN. Thank you very much.

Mr. Reporter, I have a letter here from the Secretary of War today on the subject, to which are attached excerpts from the President's message to the Congress which will go in the record after the testimony of Judge Patterson.

With that statement, the Chair will announce the hearings on this bill are closed.

The Chair announces that tomorrow morning the committee will meet at 10 o'clock for the consideration of the bill in executive session, and the clerk will so notify all members of the committee who are not present.

Mrs. ROGERS. Mr. Chairman, the letter that I spoke of I find is signed by General Smith, who is here in the room.

The CHAIRMAN. Very well; that will go in, Mrs. Rogers.
(The letter referred to is as follows:)

JANUARY 15, 1945.

Hon. EDITH NOURSE ROGERS,

House of Representatives, Washington, D. C.

DEAR MRS. ROGERS: Please refer to the recent conference which you had with General Reber, of this Division, at which time you discussed the two questions regarding the rank and direct commissioning of Army nurses that you raised with the Under Secretary of War on January 11, 1945. In compliance with your request to General Reber, I am giving you herewith in writing the substance of his statements to you at that time on those two questions.

The Army Nurse Corps of the Regular Army is composed of women possessing certain qualifications, who serve in grade of superintendent, assistant superintendent, director, assistant director, chief nurse, head nurse, and nurse. Members of the Army Nurse Corps, Regular Army, have relative rank corresponding to commissioned grades in the Army but were not appointed to commissioned grades in the Army of the United States. However, Public Law 350, Seventy-eighth Congress, approved June 22, 1944, authorized the appointment as officers in the Army of the United States of members of the Army Nurse Corps, female persons having the necessary qualifications for appointment in such corps, dietetic and physical-therapy personnel of the Medical Department of the Army. Appointments to commissioned grades in the Army of the United States were tendered to all members of the Army Nurse Corps after the passage of the law mentioned, and all members of the Army Nurse Corps have accepted appointment to commissioned grades in the Army of the United States, with the exception of about 150 members thereof, who have not up to this time accepted appointment to commissioned grade and executed the oath of office required by statute. Such nurses are continuing on duty as members of the Army Nurse Corps at this time, in either a permanent or a temporary relative rank, depending upon whether or not they belong to the Regular Army or have received temporary appointments.

By Public Law 554, Seventy-seventh Congress (56 Stat. 278), a Women's Army Auxiliary Corps was established for service with the Army of the United States. Members of the WAAC's were not members of the Army of the United States. By Public Law 110, Seventy-eighth Congress (57 Stat. 371), a Women's Army Corps was established for service in the Army of the United States. Commissioned officers of the WAC's are commissioned officers in the Army of the United States.

Since both Army nurses and commissioned officers of the WAC are now commissioned in the Army of the United States, by virtue of the laws mentioned above, there is no distinction between nurses and WAC's insofar as grades in the Army of the United States are concerned. It should be borne in mind, however, that the commissions held in the Army of the United States by Army nurses and WAC's are temporary appointments, for the duration of the present war, plus 6 months.

With regard to the possibility of commissioning nurses immediately upon induction, it appears inadvisable for any statute providing for the drafting of nurses to carry automatic and simultaneous appointment as officers, for the following reasons:

Commissioned status entails a voluntary oath of the individual to perform the duties of an officer. It is fundamentally impracticable to force the obligations of an officer upon an individual, by operation of law.

A woman may be fully qualified as a nurse and concurrently possess habits or traits which preclude her appointment as an officer. Since a draft does not work on an individual basis of selection, the nonprofessional prerequisites for appointment of the individual must be ascertained before a commission could be offered.

An incentive for voluntary application for appointment must be provided, and such voluntary action should not be either stifled or discouraged. Consequently, the law should be so phrased that a qualified nurse meeting all standards of

requirement could be inducted and required to serve, if she refused an appointment as a commissioned officer.

I trust that the above information will be satisfactory for your present purposes. If either General Reber or I can be of any further assistance to you, please do not hesitate to call upon us.

Sincerely yours,

EDWARD W. SMITH,
Brigadier General, General Supply Corps,
Deputy Chief, Legislative and Liaison Division.

NATIONAL HEADQUARTERS,
SELECTIVE SERVICE SYSTEM,
Washington, D. C., February 7, 1945.

The Honorable EDITH NOURSE ROGERS,
House of Representatives.

DEAR MRS. ROGERS: This will acknowledge your verbal request for a statement relative to the cooperation existing between the Procurement and Assignment Service and the Selective Service System with respect to the procurement and deferment of doctors of medicine, dentists, doctors of veterinary medicine, and sanitary engineers.

I know of no reason why the same cooperation may not exist in the future with respect to such professional personnel or additional professional personnel as may be covered from time to time by appropriate legislation.

Sincerely yours,

LEWIS B. HERSHHEY, *Director.*

The CHAIRMAN. The committee will be in recess until 10 o'clock tomorrow morning.

(Whereupon, at 4:30 p. m., February 14, 1945, the committee adjourned to reconvene Thursday, February 15, 1945, at 10 a. m. in executive session.)

(Here follows copy of letters which were made a part of the record:)

JANUARY 24, 1945.

Hon. ANDREW J. MAY,
Chairman, Committee on Military Affairs,
House of Representatives, Washington, D. C.

DEAR MR. MAY: At the request of the Honorable John E. Sheridan the following information was submitted for the information of the Committee on Military Affairs concerning the War Department's program for the recruiting of nurses:

In the early part of the war, the National Nursing Council for War Service was formed, which is a committee composed of American Red Cross, American Nurses' Association, National League of Nursing Education, International Council of Nursing, Division of Nurse Education, War Manpower Commission, and Council of Federal Nursing Service, which includes Army, Navy, and Veterans' Bureau and other Federal agencies to aid in securing sufficient nurses for the Army and for the Nation.

In December 1943, to supplement the recruitment campaign of the American Red Cross, the Surgeon General acting through the Recruiting Publicity Bureau of The Adjutant General, had posters, pamphlets, radio programs, and other material to make known the needs of the Army to the public. Distribution of this material was made to schools of nursing and to local communities through the American Red Cross recruitment committees.

In September 1944, 27,000 letters were mailed over the signature of the Superintendent of the Army Nurse Corps to prospective nurse appointees which were classified I-A by the War Manpower Commission. Of this number, only 710 replies were received and approximately 200 applications resulted in appointments.

The Recruiting Publicity Bureau of the Adjutant General's Office have many national agencies now working on this procurement program. These include the Office of War Information and the War Advertising Council, both of whom are working on numerous national projects. The American Legion, the Girl Scouts, the Advertising Club of New York, Bureau of Advertising for Newspaper Publicity, the Medical and Nursing Journals, and the 350 Red Cross recruitment committees are contributing their efforts toward this campaign. In addition to this,

818 radio stations throughout the Nation are carrying weekly program transcriptions on Army nurse recruitment by the Recruiting Publicity Bureau. The following media have also been utilized: Newspapers, periodicals, radios, visual aids.

In April 1943, there were 38 Nurse Corps officers assigned to Army Service Forces Officer Procurement Service, district offices of the War Department throughout the United States to assist the American Red Cross in the procurement of nurses for the Army. These nurses continued to be assigned to this duty until about November 1943.

Seventeen nurse officers are now assigned to procurement of nurses in cities where nurse population is heavy within the service commands.

Attention is invited to paragraph 6 of the inclosure, which states height and weight according to age periods. These standards have been modified, and at the present time nurses are being accepted with a range of height of 58 to 78 inches. The range in weight is not to exceed more than 16% percent of the standard weight for age and height (see enclosure No. 1—chart of physical standards).

As it was testified before the committee, a total of 900 new nurses were appointed and reported to active duty during the period of January 1, 1945, to January 12, 1945. During the period January 13, 1945, to January 20, 1945, a total of only 26 new nurses were appointed and reported for active duty. These figures represent gross additions to the Army Nurse Corps. A substantial number of nurses, probably over 250, were lost to the service during these periods from natural attrition causes. The exact number lost will not be available for several weeks after February 1, when reports from service commands will have been received. Ten thousand seven hundred and thirty-six application blanks have been distributed through the various committees of Red Cross chapters and the headquarters of the service commands and the office of the Surgeon General. Only half as many application blanks were distributed the week of January 15 as were distributed the week of January 8, 1945.

It is requested that the foregoing information be included in the record of hearings on H. R. 1284, supplementing the testimony of Maj. Gen. Norman T. Kirk.

Sincerely yours,

C. J. HAUCK, Jr.,
Colonel, General Staff Corps,
Legislative and Liaison Division.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, D. C., February 9, 1945.

Hon. OVERTON BROOKS,
House of Representatives, Washington, D. C.

DEAR CONGRESSMAN: I am enclosing herewith the letter from Mr. Charles A. Farwell, one of the directors of the Charity Hospital in New Orleans, embodying his expressions and ideas relating to the question of the problem of nurses. This is the letter about which I spoke with you.

As Mr. Farwell had the opportunity for observation in this important matter, is my reason for asking if you will kindly submit his letter to the gentlemen of your committee and, if possible, have it incorporated in the proceedings. I would appreciate this very much.

With my very kindest regards, I am

Sincerely yours,

PAUL H. MALONEY.

New Orleans, La., January 10, 1945.

Hon. PAUL H. MALONEY,
Member, Ways and Means Committee, House of Representatives.

Washington, D. C.

DEAR PAUL: I have been following with a great deal of interest the attempt on the part of the War Department to secure more nurses for the Army, and I listened with a great deal of interest to the President's suggestion that Congress enact legislation to subject civilian nurses between the ages of 18 to 45 to the provisions of the selective service law.

Before such a law is enacted, I think it will behoove Congress to investigate and through investigation to determine just what the nurses in the Army Nurse Corps receive as against women in other branches of the armed forces.

As you know, up to the present time nurses are commissioned officers in the Army. However, they are still women and, in my opinion, should be treated as such and offered the same essentials and comforts of life that are offered other women in the armed forces.

As an example of what I am talking about I would like to cite one particular instance. There was a group of nurses being transferred from Keesler Field, Miss., to Camp Polk, La. These women, although commissioned officers in the Army, were brought into New Orleans on the Louisville & Nashville train, arriving here in the late afternoon. They were then taken to the Union Station and put into a day coach that is a relic of one of the past ages of transportation. This car had old plush seats, was in filthy condition, the toilet accommodations were not fit for a pig, and although it was in the middle of the summer, and they were to travel through south and southwest Louisiana all night, there were not even any screens on the windows.

They were accorded the very rare privilege by the railroad of purchasing the right to use child-size, very dirty pillows at the rate of 25 cents per night, and although this group comprised only 25 nurses, there were not even enough pillows to go around.

I personally observed no less than 15 women of the other branches of the armed forces, both commissioned and enlisted, board this same train, but they trav'ed in air conditioned Pullman cars and only one person to either a lower or upper.

In the matter of clothing, nurses are required to purchase their own uniforms, whereas in certain other branches of the service clothing equipment is issued; in addition to which I have personally observed what I consider the most atrocious waste in the nurses' pay in this matter of uniforms.

One particular group that I observed was ordered in the fall of 1943 to completely equip themselves with "blues." Before this complete purchase of blues could be accomplished, orders came out to this group to discard all of their "blues" and to equip themselves with "olive drab." After the complete change-over had been made into olive drab and the blues had been discarded, they were then ordered back into blues. Then just prior to their departure for overseas duty, they were again ordered to discard the blues and go back into olive drab.

Now, Paul, the average base pay of a second lieutenant in the Army Nurse Corps is somewhere around \$150 per month, and I would like for you to get hold of someone in the Quartermaster Department and find out just what portion of a nurse's salary for 2 years would be absorbed by a complete change from blue into olive drab, then back into blue and then back into olive drab, remembering that this included overcoats, caps, gloves, and, in my opinion, at least two complete uniforms and their dress blues, together with matching pocketbooks and shoes for each change in uniform.

Now of course you might think that as each of these changes was made, these women were allowed, urged, or advised to keep their old uniforms. This, however, was not the case. In several instances that I know of personally, they were told they would never need them again and in one particular instance when the blues were discarded, they were baled and sliced up for grease rags at a maintenance depot.

You know one of the dearest things to a woman's heart is nylon. Nylon undergarments and hose have been denied women in the Army Nurse Corps as far back as 1942, according to my memory. However, today the women in one other branch of the service that I know of can still obtain nylon undergarments.

I am almost as emphatic about what I feel at the mistreatment of the Army Nurse Corps as Ernie Pyle is about his feeling of the infantrymen as against any other branch of the armed forces. The women in the other branches of the service, while doing admirable work, bear an amount of hardship that would compare with a clerk in a post exchange as against a doughboy in a front line. There are typists, aerologists, motor maintenance mechanics, office executives, and many other classifications, but just sit down for a minute and compare this with emptying anywhere from 20 to 50 bedpans two or three times a day, dressing wounds that vary from a nice, clean bullet hole to a gangrenous mass of flesh that would upset the stomach of an iron man, being on call 24 hours a day, comforting the dying, writing letters for the wounded, and in face of all of this, nearly always presenting a cheerful, encouraging front to the men under their care.

I had the personal experience at one period of my military service of having a rifle backfire in my face. As a result of this, both of my eyes became severely infected and I spent 16 days with both eyes bandaged and suffering like hell. I have two distinct memories of that period. One is the doctors' daily visit to my bedside and their frank discussion as to whether or not they should take my eyes out, and the other is that when the pain got too bad, I only had to ring and there was an Army nurse there who would either give me a shot of morphine to ease the pain or who, by her words, would give me enough guts to stand the pain. In addition, she wrote daily letters for me and never once quit pounding the fact into my head that I not only was going to get well, but that my eyes were going to be all right.

My reaction to this may sound childish but after all, I was under 20 years old at the time, as are many thousands of the boys today who are having wounds that would make mine look like a scratch, tended by this same group of women and who, in my opinion, deserve the Nation's highest praise. I think the Congress should be the ones to bring about a condition so that these women will not have to live alone on praise, but are given the treatment and the prerogative and the money that they earn and are more entitled to than any other branch of the service except those men who are actually doing the fighting.

Being a realist, I feel from what I have been told by people who have no ax to grind that the nurses, particularly in the field hospitals, should be adequately protected by sentries so that the mere fact they are a few women among men will not result in conditions arising that will prevent them from getting an adequate night's rest when they are off duty.

Knowing your passion for fact finding, I am simply writing this letter as a personal expression, carrying the main thought that if the members of the Army Nurse Corps are given the things their work and tireless spirit entitles them to, you will not have to draft them.

Sincerely yours,

CHAS. A. FARWELL.

NEW ORLEANS, LA., Janauary 20, 1945.

Hon. PAUL H. MALONEY,
Washington, D. C.

DEAR PAUL: Thanks for your letter of January 17, 1945.

As far as I am concerned, I would be delighted to have you submit the information that I gave you about the Army Nurse Corps to the committee.

My letter naturally contained some of my own personal opinions but the incidents that I outlined took place and were personally observed by me as stated in my letter.

I got your letter from General Vandegrift about the Marine Corps' fresh food situation. The only reason I brought this matter up at all was because the man who wrote me had been on the island he referred to for 9 weeks and it seemed to me that was a little long to go without fresh food, particularly as the island had been secured, with the exception of a few Japs who were lurking in caves.

Sincerely,

CHAS. A. FARWELL.

SOMEWHERE IN FRANCE, January 8, 1945.

Hon. WAT ARNOLD,
Member of House of Representatives,
Washington, D. C.

DEAR SIR: This letter comes to you as the voicings of an individual and is intended in no manner to reflect the ideas or opinions of any group within or outside the armed forces.

The Army takes care of a soldier's physical needs, it furnishes adequate clothing, food, and shelter. It takes care of his spiritual needs in that it gives opportunity for religious worship. These are the essentials granted any soldier by any army; these provisions are necessary for victorious battles. However, the American soldier is superior with the same equipment, not because he is superhumanly endowed but because he carries with him memories of peace and opportunity for individual fulfillment, recollections that fashion an idealistic hope with which the soldier of no other country is armed. I accept this present interlude, this interruption of my own personal pursuit of happiness, as distasteful but necessary.

I have accepted it for 4 years now, the sterile interim being cushioned by the fervent hope that when this job is done I can return to my home, to my wife, and begin again a "normal life."

My wife is a registered nurse, a profession that reflects quite a bit of ambition and hard work, and one that seldom finds its reward in the inflation wages being paid defense plant workers. She is employed at a civilian hospital and during off hours is maintaining a home pending my return. This proposed draft of nurses, if applied indiscriminately, might well include her. She might have been employed at a more lucrative and less humanitarian task—at least, eventual culmination of what we've both so long dreamed would not have been jeopardized. She might have fallen with the group of young women who lacked initiative to ever become qualified as a registered nurse, have become an idle war bride, sitting calmly by awaiting the return of her husband to make a home for her. Is she to be penalized, are we to be asked to make even a greater sacrifice, because of her type of individual endeavor?

I realize that the war effort is to be placed above all, that individual desires must be subjugated for the good of the whole society; however, I believe that the desired quota can be obtained from nurses unattached and from those who, though married, would wish to join the armed forces. I'm asking you, as my representative in our body of lawmakers, to intercede at any plan calling for a mass draft of nurses, to offer some provision of limitation whereby married nurses, or at least wives of servicemen would be exempt from call. If your voice is drowned out in the hue and cry, then I would welcome any advice from you on action I, personally, could take to insure my wife waiting for me in the States when I've finished this job over here, rather than have her sweating the war out in a pair of dungarees somewhere in the Pacific.

Respectfully yours,

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, D. C., February 9, 1945.

DEAR _____: I have your letter of January 8 and wish to advise that the subject of drafting of nurses is now in the course of hearings in the Military Affairs Committee.

I called the clerk of the committee and asked him to insert your letter in the hearings so that every member of the committee and other interested folks could see what you have to say. Since you are in service and your wife is a nurse I am sure your letter will be a valuable acquisition to the hearings and I hope this meets with your approval. Am going ahead and having it inserted without your approval because by the time this letter reached you and your reply got back to me it would be too late.

Glad to hear from you and can sympathize with you as I have a nephew who is a Jap prisoner and another nephew who is a German prisoner and my son is also in service, so I can surely appreciate your feelings and ideas.

Yours truly,

WAT ARNOLD, Member of Congress.

Congressman AIME J. FORAND,
Washington, D. C.

PROVIDENCE, R. I., January 31, 1945.

Hon. AIME J. FORAND: The Rhode Island Industrial Nurses favor an immediate national service act to include all women. We do not however, approve a draft of nurses only, for reasons outlined in the attached release prepared by the association.

Also included is a copy of a resolution regarding this proposed measure, passed by the executive board of the Rhode Island Industrial Nurses, branch of the New England Division of the American Association of Industrial Nurses.

We urge the immediate enactment of a national service act as a measure of giving total support to our war effort and to meet the emergency shortage of nurses.

Yours very truly,

HELENE MAHONEY, R. N.,
President, Rhode Island Industrial Nurses Club.

LILLIAN M. JOHNSON, R. N.,
Secretary, Rhode Island Industrial Nurses Club.

RESOLUTION PASSED BY THE EXECUTIVE BOARD OF THE RHODE ISLAND INDUSTRIAL NURSES CLUB, JANUARY 30, 1945

Whereas the executive board of the Rhode Island Industrial Nurses is unanimously in favor of a national service act to include all women; and

Whereas the resources of nursing have not been sufficiently tapped because the machinery for securing nurses, publicity methods, lack of individual appeal, and basic policies have been at fault; and

Whereas for the foregoing reasons and others too numerous to mention we wish to record our opposition to a draft which, of all women's groups, singles out only nurses: Be it therefore

Resolved: That the executive board of the Rhode Island Industrial Nurses Club favors the immediate enactment of a national service act but opposes, at this time, a discriminatory draft of registered nurses.

X

Stole

WY 130 U585p 1945

54310800R



NLM 05286245 5

NATIONAL LIBRARY OF MEDICINE